*Planning for ...*
*California's Health Care Future*

# OSHPD

**OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT**

# Healthcare Information Resource Center

## Internet and Personal Computer Diskette Documentation

### The Annual Utilization Report of Hospitals

**For Calendar Year**

**1999**

**Annual Utilization Report of Hospitals for 1999**
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Appendix A:  Hospital Annual Report Glossary

Appendix B:  Annual Utilization Report of Hospitals -1999 blank form

# GENERAL INFORMATION

The Office of Statewide Health Planning and Development (OSHPD) annually produces a datafile which contains 490 elements of utilization data from the *Annual Utilization Report of Hospitals*. All nonfederal hospitals licensed in California must submit the report to OSHPD. After receipt, the report is key-entered and OSHPD staff review each report for correctness and completeness. OSHPD contacts hospital staff when data reported appear incomplete or do not conform to established edits. If necessary, corrections are made to the data in consultation with the hospital staff. Once the review process for all reports has been completed, the database is closed and made available to the public as a datafile.

## Data Availability

The Hospital Utilization datafile contains data from the 570 hospital sites licensed during the 1999 calendar year: January 1, 1999 – December 31, 1999. The data are available as an electronic download from the OSHPD web site and may also be ordered on diskette or cartridge. Contact the OSHPD Healthcare Information Resource Center (HIRC) at (916) 322-2814 if you would like to obtain this product.

## Documentation

This documentation includes Specifications and Field Descriptions: A description of each data element (field). A blank copy of the report form --Annual Utilization Report of Hospitals-- is part of the documentation that is also included. A glossary of terms used in the original data collection report and other miscellaneous information is available in this package  A review of all documentation materials before using the data is advisable .

## Standard Datafile Format and Importing Into Spreadsheet or Database Software

Due to the large number of data items, the data are separated into two files. File one (hosp9901.txt) contains basic hospital identification information and the data items from the Utilization Report pages 0 through 5. File two (hosp9902.txt) contains the data items from report pages 6 through 12.

The files have been compressed and are in a comma-delimited text (TXT) format for use in spreadsheet and database applications. SAS and other statistics programs can also read the files. The first two rows are header rows containing field titles. The top row contains field names depicting the location of the data on the Utilization Report: Page, line and column numbers. The next row describes the field in abbreviated English. The inclusion of two header rows is useful for some users and may not be convenient for others. If you use Excel, for example, importing the datafile into your worksheet affects the function of automated sorts. In that case, you may want to eliminate one of the header rows.

Most spreadsheet or database programs require that you import files through its import feature. It is suggested that you review your software's import features before you double-click the TXT files in this package. (Double-clicking a TXT file with Windows Explorer, for example, will only result in Wordpad or Notepad automatically opening the file. TXT files are imported, not individually run). If you consulted your software manual and are still having difficulties processing the TXT file format, please contact a technical representative at Healthcare Information Resource Center (HIRC) at (916) 322-2814. Be aware that the OSHPD staff cannot answer technical questions regarding operation of your software. You must contact the software manufacturer's technical support line.

### Number of Hospitals

The Annual Utilization Report of Hospitals contains a record of each nonfederal hospital that was open at any time during 1999. State law allows for the consolidation of previous separately-licensed hospitals onto one license. This creates different numbers of entities that can be counted as "hospitals". Counts can vary from database to database. The database for the *Hospital Annual Financial Data* does not include prior locations. Therefore, the Annual Utilization Report of Hospitals includes 570 locations in 1999, while the *Financial Data* includes 507 hospitals with fiscal years ending in June 1999.

### Datafile Description

Each line (row) represents one hospital. Both files of the datafile consist of 572 rows: The two header rows containing the field names and 570 rows that display each hospital's data.

### Datafile Specifications

In the Datafile Specifications that follow, these data format representations are used:

Column------Indicates the column in which the data item is located if the file is imported into a spreadsheet.

Field Name-The title of each data item that can be used as database names or spreadsheet titles. With some computer applications, titles may be limited to 8 characters. Titles are in abbreviated English field names or represent the report page, line, and column (as in the Utilization Report Form) of the data item.

Field Type---Indicates if field is TEXT, NUMERIC or CODED, as noted below:

| | | |
|---|---|---|
| T | Alphanumeric | Alphabetic and/or numeric data, left justified, and space filled |
| N | Numeric | Only numeric values, no punctuation, right justified, and left space filled |
| SN | Signed Numeric | Only numeric values, no punctuation, right justified, and left space filled (leading hyphen for negative sign) |
| C | Coded | Data are coded directly from the inhouse Licensing File System (LFS) and are text. |

Field Size---Indicates the maximum field size. (Some computer applications are limited by this measure.)

# Datafile Specifications and Fields Descriptions

This section contains the datafile specifications and description of the data fields. Information for each field includes:
1. A spreadsheet column reference
2. The Page, Line, Column number according to the Report block
3. The field name in abbreviated terminology
4. A brief description of the field
5. The field type (text, numeric, coded, etc)

**File 1- hosp9901.txt**                                    **Begins on Page 6**

**File 2- hosp9902.txt**                                    **Begins on Page 13**

| Sprdsht Columns | Page, Line, & Column No. | Field Name | Data File Specifications and Field Descriptions Information | Field Type and Notes |
|---|---|---|---|---|
| | | | Field Description and Codes Definition | |
| A | FACNO | FAC_NO | OSHPD Facility Number (9 digits) | Coded |
| B | COUNTY | COUNTY | County Number [see list of California codes on last page of document, page 20] | Coded |
| C | PERMID | PERM_ID | OSHPD Permanent ID Number (5 digit number, Office processes) | Coded |
| D | LICTYPE | LIC_TYPE | **Codes   License Type  (LFS)**<br>1            General Acute Care<br>2            Acute Psychiactric<br>3            Psychiatric Health Facility<br>4            Chemical Dependency Recovery Hospital<br>5            Rural Hospital-General Acute Care<br>6            State Correctional Facility | Coded |
| E | LICDATE | LIC_DATE | LFS First Licensed Date | Coded |
| F | LSTAT | LIC_STATUS_CODE | Status of hospital's license:  C=closed; S=suspense; [blank]=open | Coded |
| G | LSTATDT | LIC_STATUS_DATE | Date of status of hospital's license | Coded |
| H | OSTAT | RE-OPEN_HOSP_STATUS | Re-opened Hospital & Lic. Code O=re-opened after suspense or closure | Coded |
| I | OSTATDT | RE-OPEN_HOSP_STATUS_DATE | Date Hospital re-opened after suspense or closure | Coded |
| J | ConNumA | TYPE_CONSOL | Consolidation Type | Coded |
| K | ConNumB | PAR_SATL_CONSOL | Consolidated Parent/Satellite | Coded |
| L | ConNumC | NUM_CONSOL | Consolidation Seq Number | Coded |
| M | ConDate | DATE_CONSOL | Consolidation Date | Coded |
| N | DBAName | FAC_NAME | Facility Name DBA (on 12/31) | Coded |
| O | DBAAddr | ADDRESS | Address (DBA) | Coded |
| P | DBACity | CITY | City (DBA) | Coded |
| Q | DBAZip | ZIP_CODE | Zip Code (DBA) | Coded |
| R | MLAttn | MAIL_ATTN | Attention (Mailing Address) | Coded |
| S | MLAddr | MAIL_ADD | Address (Mailing Address) | Coded |
| T | MLCity | MAIL_CITY | City (Mailing Address) | Coded |
| U | MLState | MAIL_STATE | State (Mailing Address) | Coded |
| V | MLZIP | MAIL_ZIP | Zip Code (Mailing Address) | Coded |
| W | HSA | HSA | Health Service Area Codes: 01-14 | Coded |
| X | HFPA | HFPA | Health Facility Planning Area 0101-1424 | Coded |
| Y | COMPSTAT | COMP_STATUS | **LFS combined license status code, open, & status**<br><br>**Codes          Computed Status Code**<br>C            Closed during current calendar year<br>D            Became distinct part of another hospital during year, 12/31<br>NO           New (licensed this calendar year), Operating 12/31<br>NS           New (licensed this calendar year), in Suspense on 12/31<br>NC           New (licensed this calendar year), Closed on 12/31<br>NSM          New (licensed this calendar year), in Suspense during year,<br>                  operating 12/31<br>OA           Operating all year<br>SA            In suspense all year<br>SB            In suspense on January 1, Operating on December 31<br>SE            Operating January 1, in Suspense on December 31<br>SM            Operating on 1/1 & 12/31, in Suspense for a period during year | Coded |

| Sprdsht Columns | Page, Line, & Column No. | Field Name | Data File Specifications and Field Descriptions Information | Field Type and Notes |
|---|---|---|---|---|
| | | | Field Description and Codes Definition | |
| Z | P000102 | TYPE_LIC | **Codes  License Type**<br>1     General Acute Care<br>2     Acute Psychiactric<br>3     Psychiatric Health Facility<br>4     Chemical Dependency Recovery Hospital<br>5     Rural Hospital-General Acute Care<br>6     Prison Hospital | Numeric |
| AA | P000103 | RPT_STATUS | **Report Status combines facility licensure status & Annual Report Status**<br><br>**Codes     Report Status**<br>01     License in suspense all year, no report required<br>02     License in suspense, data reported<br>03     License in suspense, nonrespondent<br>04     Hospital closed, data reported<br>05     Hospital closed, nonrespondent<br>06     Licensed but not in operation<br>07     Hospital open, data reported (most hospitals)<br>08     Hospital open, nonrespondent<br>09     Hospital open, partial year data reported (change of ownership)<br>10     Hospital open, report a combination of data from 2 (or more) owners<br>11     Closed, data unavailable<br>12     New, first licensed in 1999, data reported<br>13     New, first licensed in 1999, non-respondent | Numeric |
| AB | P010301 | PHONE | Phone Number | Numeric |
| AC | P020101 | BEG_DATE | Dates of Oper: From (CCYYMMDD) | Numeric |
| AD | P020102 | END_DATE | Dates of Oper: Thru (CCYYMMDD) | Numeric |
| AE | P020201 | TYPE_CNTRL | **Type of Control, Ownership Type**<br><br>**Codes     Licensee Hospital Ownership Type**<br>11     State<br>12     County<br>13     City<br>14     City/County<br>15     Hospital District<br>18     Nonprofit Corporation<br>19     Kaiser<br>20     Church<br>21     Other Nonprofit<br>22     University of California<br>23     For profit-individual<br>24     For profit-partnership<br>25     For profit-corporation<br>00     Unknown | Numeric |

| Sprdsht Columns | Page, Line, & Column No. | Field Name | Data File Specifications and Field Descriptions Information Field Description and Codes Definition | Field Type and Notes |
|---|---|---|---|---|
| AF | P020301 | TYPE_SVC | **Principal Type of Service**<br><br>**Codes**    **Principal Type of Service**<br>00      Unknown<br>10      General Medical/Surgical<br>11      Hospital Unit of an Institution<br>12      Long-term Care (SNIC)<br>13      Psychiatric<br>14      Tuberculosis & Other Respiratory Disease<br>15      Chemical Dependency (alcohol/drug)<br>16      Chronic Disease<br>17      Pediatric<br>18      Rehabilitation (Physical Rehabilitation)<br>19      Orthopedic or Pediatric Orthopedics<br>22      Developmentally Disabled<br>23      Other | Numeric |
| AG | P030101 | HOSPICE_IND | Hospice during reporting year | Numeric |
| AH | P030201 | HOSPICE_BED | **Bed Classification Used for Hospice**<br><br>**Codes   Bed Classification**<br>1      General Acute Care (GAC)<br>2      Skilled Nursing Facility (SNF)<br>3      Intermediate Care Facility (ICF)<br>4      Combination | Numeric |
| AI | P030501 | CERT_MCAR_SN | Certified for Medicare: Skilled Nursing | Numeric |
| AJ | P030502 | CERT_MCAL_SN | Certified for Medi-Cal: Skilled Nursing | Numeric |
| AK | P030503 | CERT_MCAL_IC | Certified for Medi-Cal: Intermediate Care | Numeric |
| AL | P030504 | CERT_MCAL_ICDD | Certified for Medi-Cal: Intermediate Care/DD | Numeric |
| AM | P030505 | CERT_MCAL_SUB | Certified for Medi-Cal: Subacute | Numeric |
| AN | P031101 | DIS_LT_TOT | Discharges, LTC Total | Numeric |
| AO | P031201 | DIS_LT_<2WK | LTC Discharges Less Than 2 Weeks | Numeric |
| AP | P031301 | DIS_LT_2WK_<1MO | LTC Discharges 2 Weeks but Less Than 1 Month | Numeric |
| AQ | P031401 | DIS_LT_1-3MO | LTC Discharges 1 Month but Less Than 3 Months | Numeric |
| AR | P031501 | DIS_LT_3-6MO | LTC Discharges 3 To 6 Months | Numeric |
| AS | P031601 | DIS_LT_7-12MO | LTC Discharges 7 To 12 Months | Numeric |
| AT | P031701 | DIS_LT_1YR_<2YR | LTC Discharges 1 year but Less than 2 yrs | Numeric |
| AU | P031801 | DIS_LT_2YR_<3YR | LTC Discharges 2 Years but Less than 3 yrs | Numeric |
| AV | P031901 | DIS_LT_3YR_<5YR | LTC Discharges 3 Years but Less than 5 yrs | Numeric |
| AW | P032001 | DIS_LT_5YR_<7YR | LTC Discharges 5 Years but Less than 10 | Numeric |
| AX | P032101 | DIS_LT_7YR_<10YR | LTC Discharges 7 Years but Less Than 10 | Numeric |
| AY | P032201 | DIS_LT_>=10YR | LTC Discharges 10 Years or More | Numeric |
| AZ | P034101 | PT_AIDS-HIV | Patients Diagn. w/ AIDS, ARC or HIV Related | Numeric |
| BA | P034201 | ALTZHMR_PROG | Alzheimers Disease Program | Numeric |
| BB | P034301 | PT_ALTZHMR | Patients w/ Primary or Secondary Diag, Alzheimers | Numeric |
| BC | P040101 | CENS-PY_LT_SN-GEN | Census, Prior Year 12/31, Skilled Nursing (General) | Numeric |
| BD | P040102 | CENS-PY_IC-GEN | Census, Prior Year 12/31, Intermediate Care (General) | Numeric |

| Sprdsht Columns | Page, Line, & Column No. | Field Name | Data File Specifications and Field Descriptions Information | Field Type and Notes |
|---|---|---|---|---|
| | | | Field Description and Codes Definition | |
| BE | P040103 | CENS-PY_SN-MD | Census, Prior Year 12/31,Skilled Nursing-Mentally Disordered | Numeric |
| BF | P040104 | CENS-PY_IC-DD | Census, Prior Year 12/31, Intermediate Care-Dev. Disabled | Numeric |
| BG | P040106 | CENS-PY_TOT | Census, Prior Year on 12/31 Total | Numeric |
| BH | P040201 | ADM_LT_SN-GEN | Admissions, LTC Skilled Nursing-Gen | Numeric |
| BI | P040202 | ADM_LT_IC-GEN | Admissions, LTC Intermediate Care (General) | Numeric |
| BJ | P040203 | ADM_LT_SN-MD | Admissions, LTC Skilled Nursing Mentally Disordered | Numeric |
| BK | P040204 | ADM_LT_IC-DD | Admissions, LTC Intermediate Care-Dev. Disabled | Numeric |
| BL | P040206 | ADM_LT_TOT | Admissions, LTC Total | Numeric |
| BM | P040207 | ADM_LT_HOME | Admitted LTC from Home | Numeric |
| BN | P040208 | ADM_LT_HOSP | Admitted LTC from Hospital | Numeric |
| BO | P040209 | ADM_LT_ST-HOSP | Admitted LTC from State Hospital | Numeric |
| BP | P040210 | ADM_LT_OTHR-LTC | Admitted LTC from Other Long Term Care | Numeric |
| BQ | P040211 | ADM_LT_RESIDNT | Admitted LTC from Residential/Board & Care | Numeric |
| BR | P040212 | ADM_LT_OTHR | Admitted LTC from Other | Numeric |
| BS | P040301 | DIS_LT_SN-GEN | Discharges, LTC Skilled Nursing (General) | Numeric |
| BT | P040302 | DIS_LT_IC-GEN | Discharges, LTC Intermediate Care (General) | Numeric |
| BU | P040303 | DIS_LT_SN-MD | Discharges, LTC Skilled Nursing-Mentally Disordered | Numeric |
| BV | P040304 | DIS_LT_IC-DD | Discharges, LTC Intermediate Care-Developmentally Disabled | Numeric |
| BW | P040306 | DIS_LT_TOT2 | Discharges, LTC Total | Numeric |
| BX | P040307 | DIS_LT_HOME | Discharged LTC to Home | Numeric |
| BY | P040308 | DIS_LT_HOSP | Discharged LTC to Hospital | Numeric |
| BZ | P040309 | DIS_LT_ST-HOSP | Discharged LTC to StateHospital | Numeric |
| CA | P040310 | DIS_LT_OTHR-LTC | Discharged LTC to Other Long Term Care | Numeric |
| CB | P040311 | DIS_LT_RES_BDC | Discharged LTC to Residential/Board & Care | Numeric |
| CC | P040312 | DIS_LT_OTHR | Discharged LTC to Other | Numeric |
| CD | P040313 | DIS_LT_AWOL/AMA | Discharged LTC to AWOL/AMA | Numeric |
| CE | P040314 | DIS_LT_DEATH | Discharged LTC to Death | Numeric |
| CF | P040401 | CENS_LT_SN-GEN | Census LTC Skilled Nursing (General) | Numeric |
| CG | P040402 | CENS_LT_IC-GEN | Census LTC Intermediate Care (General) | Numeric |
| CH | P040403 | CENS_LT_SN-MD | Census LTC Skilled Nursing-Mentally Disordered | Numeric |
| CI | P040404 | CENS_LT_IC-DD | Census LTC Intermediate Care-Developmentally Disabled | Numeric |
| CJ | P040406 | CENS_LT_TOT | Census, Total LTC Patients on 12/31 | Numeric |
| CK | P040407 | CENS_LT_MCAR | Census, LTC Medicare | Numeric |
| CL | P040408 | CENS_LT_MCAL | Census, LTC Medi-Cal | Numeric |
| CM | P040409 | CENS_LT_HMO | Census, LTC HMO | Numeric |
| CN | P040410 | CENS_LT_PVT_INS | Census, LTC Private Ins. | Numeric |
| CO | P040411 | CENS_LT_PVT_SELF-PAY | Census, LTC Private Pay | Numeric |
| CP | P040414 | CENS_LT_PVT_OTHR | Census, LTC Other | Numeric |
| CQ | P040501 | DAY_LT_SN-GEN | Days, LTC Patient Skilled Nursing (General) | Numeric |
| CR | P040502 | DAY_LT_IC-GEN | Days, LTC  Patient Intermediate Care (General) | Numeric |
| CS | P040503 | DAY_LT_SN-MD | Days, LTC Patient Skilled Nursing-Mentally Disordered | Numeric |
| CT | P040504 | DAY_LT_IC-DD | Days, LTC Patient Intermediate Care-Developmentally Disabled | Numeric |
| CU | P040506 | DAY_LT_TOT | Days, LTC  Total | Numeric |
| CV | P040601 | BED_LIC_LT_SN-GEN | Bed, Licensed LTC Skilled Nursing (General) | Numeric |
| CW | P040602 | BED_LIC_LT_IC-GEN | Bed, Licensed LTC Intermediate Care (General) | Numeric |
| CX | P040603 | BED_LIC_LT_SN-MD | Bed, Licensed LTC Skilled Nursing-Mentally Disordered | Numeric |

| Sprdsht Columns | Page, Line, & Column No. | Field Name | Data File Specifications and Field Descriptions Information | Field Type and Notes |
|---|---|---|---|---|
| | | | Field Description and Codes Definition | |
| CY | P040604 | BED_LIC_LT_IC-DD | Bed, Licensed LTC Intermediate Care-Developmentally Disabled | Numeric |
| CZ | P040606 | BED_LIC_LT_TOT | Bed, Licensed LTC Total | Numeric |
| DA | P040701 | DAY_LICBED_LT_SN-GEN | Days, Licensed Bed LTC Skilled Nursing (General) | Numeric |
| DB | P040702 | DAY_LICBED_LT_IC-GEN | Days, Licensed Bed LTC Intermediate Care (General) | Numeric |
| DC | P040703 | DAY_LICBED_LT_SN-MD | Days, Licensed Bed LTC Skilled Nursing-Mentally Disordered | Numeric |
| DD | P040704 | DAY_LICBED_LT_IC-DD | Days, Licensed Bed LTC Intermediate Care-Developmentally Disabled | Numeric |
| DE | P040706 | DAY_LICBED_LT_TOT | Days, Licensed Bed LTC Total Licensed Bed | Numeric |
| DF | P040801 | BED_SWNG_LT_SN-GEN | Swing Beds, LTC Skilled Nursing (General) | Numeric |
| DG | P040806 | BED_SWNG_LT_TOT | Swing Beds, LTC Total | Numeric |
| DH | P050101 | CENS_LT_TOT2 | Census, Total LTC Patient on 12/31 | Numeric |
| DI | P050201 | M_CENS_LT_TOT | Male, LTC Total | Numeric |
| DJ | P050301 | F_CENS_LT_TOT | Female, LTC Total | Numeric |
| DK | P050401 | M_WHI_LT<45 | Male, White, LTC Under 45 Years | Numeric |
| DL | P050402 | M_WHI_LT_45-54 | Male, White, LTC 45-54 Years | Numeric |
| DM | P050403 | M_WHI_LT_55-64 | Male, White, LTC 55-64 Years | Numeric |
| DN | P050404 | M_WHI_LT_65-74 | Male, White, LTC 65-74 Years | Numeric |
| DO | P050405 | M_WHI_LT_75-84 | Male, White, LTC 75-84 Years | Numeric |
| DP | P050406 | M_WHI_LT_85-94 | Male, White, LTC 85-94 Years | Numeric |
| DQ | P050407 | M_WHI_LT_>=95 | Male, White, LTC 95 Years and Older | Numeric |
| DR | P050501 | M_BLK_LT<45 | Male, Black, LTC Under 45 Years | Numeric |
| DS | P050502 | M_BLK_LT_45-54 | Male, Black, LTC 45-54 Years | Numeric |
| DT | P050503 | M_BLK_LT_55-64 | Male, Black, LTC 55-64 Years | Numeric |
| DU | P050504 | M_BLK_LT_65-74 | Male, Black, LTC 65-74 Years | Numeric |
| DV | P050505 | M_BLK_LT_75-84 | Male, Black, LTC 75-84 Years | Numeric |
| DW | P050506 | M_BLK_LT_85-94 | Male, Black, LTC 85-94 Years | Numeric |
| DX | P050507 | M_BLK_LT_>=95 | Male, Black, LTC 95 Years and Older | Numeric |
| DY | P050601 | M_HIS_LT<45 | Male, Hispanic, LTC Under 45 Years | Numeric |
| DZ | P050602 | M_HIS_LT_45-54 | Male, Hispanic, LTC 45-54 Years | Numeric |
| EA | P050603 | M_HIS_LT_55-64 | Male, Hispanic, LTC 55-64 Years | Numeric |
| EB | P050604 | M_HIS_LT_65-74 | Male, Hispanic, LTC 65-74 Years | Numeric |
| EC | P050605 | M_HIS_LT_75-84 | Male, Hispanic, LTC 75-84 Years | Numeric |
| ED | P050606 | M_HIS_LT_85-94 | Male, Hispanic, LTC 85-94 Years | Numeric |
| EE | P050607 | M_HIS_LT_>=95 | Male, Hispanic, LTC 95 Years and Older | Numeric |
| EF | P050701 | M_ASI_LT_<45 | Male, Asian, LTC Under 45 Years | Numeric |
| EG | P050702 | M_ASI_LT_45-54 | Male, Asian, LTC 45-54 Years | Numeric |
| EH | P050703 | M_ASI_LT_55-64 | Male, Asian, LTC 55-64 Years | Numeric |
| EI | P050704 | M_ASI_LT_65-74 | Male, Asian, LTC 65-74 Years | Numeric |
| EJ | P050705 | M_ASI_LT_75-84 | Male, Asian, LTC 75-84 Years | Numeric |
| EK | P050706 | M_ASI_LT_85-94 | Male, Asian, LTC 85-94 Years | Numeric |
| EL | P050707 | M_ASI_LT_>=95 | Male, Asian, LTC 95 Years and Older | Numeric |
| EM | P050801 | M_FIL_LT_<45 | Male, Filipino, LTC Under 45 | Numeric |
| EN | P050802 | M_FIL_LT_45-54 | Male, Filipino, LTC 45-54 Years | Numeric |
| EO | P050803 | M_FIL_LT_55-64 | Male, Filipino, LTC 55-64 Years | Numeric |
| EP | P050804 | M_FIL_LT_65-74 | Male, Filipino, LTC 65-74 Years | Numeric |
| EQ | P050805 | M_FIL_LT_75-84 | Male, Filipino, LTC 75-84 Years | Numeric |
| ER | P050806 | M_FIL_LT_85-94 | Male, Filipino, LTC 85-94 Years | Numeric |

| Sprdsht Columns | Page, Line, & Column No. | Field Name | Data File Specifications and Field Descriptions Information | Field Type and Notes |
|---|---|---|---|---|
| | | | Field Description and Codes Definition | |
| ES | P050807 | M_FIL_LT_>=95 | Male, Filipino, LTC 95 Years and Older | Numeric |
| ET | P050901 | M_PAI_LT_<45 | Male, Pacific Islander, LTC Under 45 Years | Numeric |
| EU | P050902 | M_PAI_LT_45-54 | Male, Pacific Islander, LTC 45-54 Years | Numeric |
| EV | P050903 | M_PAI_LT_55-64 | Male, Pacific Islander, LTC 55-64 Years | Numeric |
| EW | P050904 | M_PAI_LT_65-74 | Male, Pacific Islander, LTC 65-74 Years | Numeric |
| EX | P050905 | M_PAI_LT_75-84 | Male, Pacific Islander, LTC 75-84 Years | Numeric |
| EY | P050906 | M_PAI_LT_85-94 | Male, Pacific Islander, LTC 85-94 Years | Numeric |
| EZ | P050907 | M_PAI_LT_>=95 | Male, Pacific Islander, LTC 95 Years and Older | Numeric |
| FA | P051001 | M_NAM_LT_<45 | Male, Native American, LTC Under 45 Years | Numeric |
| FB | P051002 | M_NAM_LT_45-54 | Male, Native American, LTC 45-54 Years | Numeric |
| FC | P051003 | M_NAM_LT_55-64 | Male, Native American, LTC 55-64 Years | Numeric |
| FD | P051004 | M_NAM_LT_65-74 | Male, Native American, LTC 65-74 Years | Numeric |
| FE | P051005 | M_NAM_LT_75-84 | Male, Native American, LTC 75-84 Years | Numeric |
| FF | P051006 | M_NAM_LT_85-94 | Male, Native American, LTC 85-94 Years | Numeric |
| FG | P051007 | M_NAM_LT_>=95 | Male, Native American, LTC 95 Years and Older | Numeric |
| FH | P051101 | M_OTH_LT_<45 | Male, Other, LTC Under 45 Years | Numeric |
| FI | P051102 | M_OTH_LT_45-54 | Male, Other, LTC 45-54 Years | Numeric |
| FJ | P051103 | M_OTH_LT_55-64 | Male, Other, LTC 55-64 Years | Numeric |
| FK | P051104 | M_OTH_LT_65-74 | Male, Other, LTC 65-74 Years | Numeric |
| FL | P051105 | M_OTH_LT_75-84 | Male, Other, LTC 75-84 Years | Numeric |
| FM | P051106 | M_OTH_LT_85-94 | Male, Other, LTC 85-94 Years | Numeric |
| FN | P051107 | M_OTH_LT_>=95 | Male, Other, LTC 95 Years and Older | Numeric |
| FO | P051201 | M_TOT_LT_<45 | Male, Total, LTC Under 45 Years | Numeric |
| FP | P051202 | M_TOT_LT_45-54 | Male, Total, LTC 45-54 Years | Numeric |
| FQ | P051203 | M_TOT_LT_55-64 | Male, Total, LTC 55-64 Years | Numeric |
| FR | P051204 | M_TOT_LT_65-74 | Male, Total, LTC 65-74 Years | Numeric |
| FS | P051205 | M_TOT_LT_75-84 | Male, Total, LTC 75-84, Years | Numeric |
| FT | P051206 | M_TOT_LT_85-94 | Male, Total, LTC 85-94 Years | Numeric |
| FU | P051207 | M_TOT_LT_>=95 | Male, Total, LTC 95 Years and Older | Numeric |
| FV | P051301 | F_WHI_LT_<45 | Female, White, LTC Under 45 Years | Numeric |
| FW | P051302 | F_WHI_LT_45-54 | Female, White, LTC 45-54 Years | Numeric |
| FX | P051303 | F_WHI_LT_55-64 | Female, White, LTC 55-64 Years | Numeric |
| FY | P051304 | F_WHI_LT_65-74 | Female, White, LTC 65-74 Years | Numeric |
| FZ | P051305 | F_WHI_LT_75-84 | Female, White, LTC 75-84 Years | Numeric |
| GA | P051306 | F_WHI_LT_85-94 | Female, White, LTC 85-94 Years | Numeric |
| GB | P051307 | F_WHI_LT_>=95 | Female, White, LTC 95 Years and Older | Numeric |
| GC | P051401 | F_BLK_LT_<45 | Female, Black, LTC Under 45 Years | Numeric |
| GD | P051402 | F_BLK_LT_45-54 | Female, Black, LTC 45-54 Years | Numeric |
| GE | P051403 | F_BLK_LT_55-64 | Female, Black, LTC 55-64 Years | Numeric |
| GF | P051404 | F_BLK_LT_65-74 | Female, Black, LTC 65-74 Years | Numeric |
| GG | P051405 | F_BLK_LT_75-84 | Female, Black, LTC 75-84 Years | Numeric |
| GH | P051406 | F_BLK_LT_85-94 | Female, Black, LTC 85-94 Years | Numeric |
| GI | P051407 | F_BLK_LT_>=95 | Female, Black, LTC 95 Years and Older | Numeric |
| GJ | P051501 | F_HIS_LT_<45 | Female, Hispanic, LTC Under 45 Years | Numeric |
| GK | P051502 | F_HIS_LT_45-54 | Female, Hispanic, LTC 45-54 Years | Numeric |
| GL | P051503 | F_HIS_LT_55-64 | Female, Hispanic, LTC 55-64 Years | Numeric |

| Sprdsht Columns | Page, Line, & Column No. | Field Name | Data File Specifications and Field Descriptions Information | Field Type and Notes |
|---|---|---|---|---|
| | | | *Field Description and Codes Definition* | |
| GM | P051504 | F_HIS_LT_65-74 | Female, Hispanic, LTC 65-74 Years | Numeric |
| GN | P051505 | F_HIS_LT_75-84 | Female, Hispanic, LTC 75-84 Years | Numeric |
| GO | P051506 | F_HIS_LT_85-94 | Female, Hispanic, LTC 85-94 Years | Numeric |
| GP | P051507 | F_HIS_LT_>=95 | Female, Hispanic, LTC 95 Years and Older | Numeric |
| GQ | P051601 | F_ASI_LT_<45 | Female, Asian, LTC Under 45 Years | Numeric |
| GR | P051602 | F_ASI_LT_45-54 | Female, Asian, LTC 45-54 Years | Numeric |
| GS | P051603 | F_ASI_LT_55-64 | Female, Asian, LTC 55-64 Years | Numeric |
| GT | P051604 | F_ASI_LT_65-74 | Female, Asian, LTC 65-74 Years | Numeric |
| GU | P051605 | F_ASI_LT_75-84 | Female, Asian, LTC 75-84 Years | Numeric |
| GV | P051606 | F_ASI_LT_85-94 | Female, Asian, LTC 85-94 Years | Numeric |
| GW | P051607 | F_ASI_LT_>=95 | Female, Asian, LTC 95 Years and Older | Numeric |
| GX | P051701 | F_FIL_LT_<45 | Female, Filipino, LTC Under 45 | Numeric |
| GY | P051702 | F_FIL_LT_45-54 | Female, Filipino, LTC 45-54 Years | Numeric |
| GZ | P051703 | F_FIL_LT_55-64 | Female, Filipino, LTC 55-64 Years | Numeric |
| HA | P051704 | F_FIL_LT_65-74 | Female, Filipino, LTC 65-74 Years | Numeric |
| HB | P051705 | F_FIL_LT_75-84 | Female, Filipino, LTC 75-84 Years | Numeric |
| HC | P051706 | F_FIL_LT_85-94 | Female, Filipino, LTC 85-94 Years | Numeric |
| HD | P051707 | F_FIL_LT_>=95 | Female, Filipino, LTC 95 Years and Older | Numeric |
| HE | P051801 | F_PAI_LT_<45 | Female, Pacific Islander, LTC Under 45 Years | Numeric |
| HF | P051802 | F_PAI_LT_45-54 | Female, Pacific Islander, LTC 45-54 Years | Numeric |
| HG | P051803 | F_PAI_LT_55-64 | Female, Pacific Islander, LTC 55-64 Years | Numeric |
| HH | P051804 | F_PAI_LT_65-74 | Female, Pacific Islander, LTC 65-74 Years | Numeric |
| HI | P051805 | F_PAI_LT_75-84 | Female, Pacific Islander, LTC 75-84 Years | Numeric |
| HJ | P051806 | F_PAI_LT_85-94 | Female, Pacific Islander, LTC 85-94 Years | Numeric |
| HK | P051807 | F_PAI_LT_>=95 | Female, Pacific Islander, LTC 95 Years and Older | Numeric |
| HL | P051901 | F_NAM_LT_<45 | Female, Native American, LTC Under 45 Years | Numeric |
| HM | P051902 | F_NAM_LT_45-54 | Female, Native American, LTC 45-54 Years | Numeric |
| HN | P051903 | F_NAM_LT_55-64 | Female, Native American, LTC 55-64 Years | Numeric |
| HO | P051904 | F_NAM_LT_65-74 | Female, Native American, LTC 65-74 Years | Numeric |
| HP | P051905 | F_NAM_LT_75-84 | Female, Native American, LTC 75-84 Years | Numeric |
| HQ | P051906 | F_NAM_LT_85-94 | Female, Native American, LTC 85-94 Years | Numeric |
| HR | P051907 | F_NAM_LT_>=95 | Female, Native American, LTC 95 Years and Older | Numeric |
| HS | P052001 | F_OTH_LT_<45 | Female, Other, LTC Under 45 Years | Numeric |
| HT | P052002 | F_OTH_LT_45-54 | Female, Other, LTC 45-54 Years | Numeric |
| HU | P052003 | F_OTH_LT_55-64 | Female, Other, LTC 55-64 Years | Numeric |
| HV | P052004 | F_OTH_LT_65-74 | Female, Other, LTC 65-74 Years | Numeric |
| HW | P052005 | F_OTH_LT_75-84 | Female, Other, LTC 75-84 Years | Numeric |
| HX | P052006 | F_OTH_LT_85-94 | Female, Other, LTC 85-94 Years | Numeric |
| HY | P052007 | F_OTH_LT_>=95 | Female, Other, LTC 95 Years and Older | Numeric |
| HZ | P052101 | F_TOT_LT_<45 | Female, Total, LTC Under 45 Years | Numeric |
| IA | P052102 | F_TOT_LT_45-54 | Female, Total, LTC 45-54 Years | Numeric |
| IB | P052103 | F_TOT_LT_55-64 | Female, Total, LTC 55-64 Years | Numeric |
| IC | P052104 | F_TOT_LT_65-74 | Female, Total, LTC 65-74 Years | Numeric |
| ID | P052105 | F_TOT_LT_75-84 | Female, Total, LTC 75-84, Years | Numeric |
| IE | P052106 | F_TOT_LT_85-94 | Female, Total, LTC 85-94 Years | Numeric |
| IF | P052107 | F_TOT_LT_>=95 | Female, Total, LTC 95 Years and Older | Numeric |

| Sprdsht Columns | Page, Line, & Column No. | Field Name | Data File Specifications and Field Descriptions Information | Field Type and Notes |
|---|---|---|---|---|
| | | | Field Description and Codes Definition | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| A | FacID | FAC_NO2 | OSHPD Facility Number (9 digits & repeat of Field 1) | Numeric |
| B | P060101 | BED_SUB | Beds, SubAcute | Numeric |
| C | P060201 | CENS_SUB_<=20 | Census, Subacute 12/31, 20 Yr & Under | Numeric |
| D | P060202 | CENS_SUB_>=21 | Census, Subacute 12/31, 21 Yr & Older | Numeric |
| E | P060301 | ADM_SUB_<=20 | Admissions, Subacute 12/31, 20 Yr & Under | Numeric |
| F | P060302 | ADM_SUB_>=21 | Admissions, Subacute 12/31, 21 Yr & Older | Numeric |
| G | P060401 | DIS_SUB_<=20 | Discharges, Subacute 12/31, 20 Yr & Under | Numeric |
| H | P060402 | DIS_SUB_>=21 | Discharges, Subacute 12/31, 21 Yr & Older | Numeric |
| I | P060501 | DAY_SUB_<=20 | Days, Subacute 12/31, 20 Yr & Under | Numeric |
| J | P060502 | DAY_SUB_>=21 | Days, Subacute 12/31, 21 Yr & Older | Numeric |
| K | P061001 | ADM_SUB_HOME_<=20 | Admissions, Subacute f/Home, 20 Yr & Under | Numeric |
| L | P061002 | ADM_SUB_HOME_>=21 | Admissions, Subacute f/Home, 21 Yr & Older | Numeric |
| M | P061101 | ADM_SUB_ST-HOSP_<=20 | Admissions, Subacute f/State hosp, 20 Yr & Under | Numeric |
| N | P061102 | ADM_SUB_ST-HOSP_>=21 | Admissions, Subacute f/State hosp, 21 Yr & Older | Numeric |
| O | P061201 | ADM_SUB_RESIDNT_<=20 | Admissions, Subacute f/Residential B&C, 20 Yr & Under | Numeric |
| P | P061202 | ADM_SUB_RESIDNT_>=21 | Admissions, Subacute f/Residential B&C, 21 Yr & Older | Numeric |
| Q | P061301 | ADM_SUB_HOSP_<=20 | Admissions, Subacute f/Hospital, 20 Yr & Under | Numeric |
| R | P061302 | ADM_SUB_HOSP_>=21 | Admissions, Subacute f/Hospital, 21 Yr & Older | Numeric |
| S | P061401 | ADM_SUB_LTC_<=20 | Admissions, Subacute f/Other LTC, 20 Yr & Under | Numeric |
| T | P061402 | ADM_SUB_LTC_>=21 | Admissions, Subacute f/Other LTC, 21 Yr & Older | Numeric |
| U | P061501 | ADM_SUB_OTHR_<=20 | Admissions, Subacute f/Other, 20 Yr & Under | Numeric |
| V | P061502 | ADM_SUB_OTHR_>=21 | Admissions, Subacute f/Other, 21 Yr & Older | Numeric |
| W | P062001 | DIS_SUB_HOME_<=20 | Discharges, Subacute to Home, 20 Yr & Under | Numeric |
| X | P062002 | DIS_SUB_HOME_>=21 | Discharges, Subacute to Home, 21 Yr & Older | Numeric |
| Y | P062101 | DIS_SUB_ST-HOSP_<=20 | Discharges, Subacute to State hosp, 20 Yr & Under | Numeric |
| Z | P062102 | DIS_SUB_ST-HOSP_>=21 | Discharges, Subacute to State hosp, 21 Yr & Older | Numeric |
| AA | P062201 | DIS_SUB_RESIDNT_<=20 | Discharges, Subacute to Residential B&C, 20 Yr & Under | Numeric |
| AB | P062202 | DIS_SUB_RESIDNT_>=21 | Discharges, Subacute to Residential B&C, 21 Yr & Older | Numeric |
| AC | P062301 | DIS_SUB_HOSP_<=20 | Discharges, Subacute to Hospital, 20 Yr & Under | Numeric |
| AD | P062302 | DIS_SUB_HOSP_>=21 | Discharges, Subacute to Hospital, 21 Yr & Older | Numeric |
| AE | P062401 | DIS_SUB_LTC_<=20 | Discharges, Subacute to Other LTC, 20 Yr & Under | Numeric |
| AF | P062402 | DIS_SUB_LTC_>=21 | Discharges, Subacute to Other LTC, 21 Yr & Older | Numeric |
| AG | P062501 | DIS_SUB_OTHR_<=20 | Discharges, Subacute to Other, 20 Yr & Under | Numeric |
| AH | P062502 | DIS_SUB_OTHR_>=21 | Discharges, Subacute to Other, 21 Yr & Older | Numeric |
| AI | P062601 | DIS_SUB_DEATH_<=20 | Discharges, Subacute to Death, 20 Yr & Under | Numeric |
| AJ | P062602 | DIS_SUB_DEATH_>=21 | Discharges, Subacute to Death, 21 Yr & Older | Numeric |
| AK | P063101 | PT_SUB_TRACH_WVENT_<=20 | Patient, Subacute Tracheostomy w/Ventilator 20 Yr & Under | Numeric |
| AL | P063102 | PT_SUB_TRACH_WVENT_>=21 | Patient, Subacute Tracheostomy w/Ventilator 20 Yr & Over | Numeric |
| AM | P063201 | PT_SUB_TRACH_WOVENT_<=20 | Patient, Subacute Tracheostomy w/o Ventilator 20 Yr & Under | Numeric |
| AN | P063202 | PT_SUB_TRACH_WOVENT_>=21 | Patient, Subacute Tracheostomy w/o Ventilator 20 Yr & Over | Numeric |
| AO | P063301 | PT_SUB_TUBEFEED_<=20 | Patient, Subacute Tube Feeding 20 Yr & Under | Numeric |
| AP | P063302 | PT_SUB_TUBEFEED_>=21 | Patient, Subacute Tube Feeding 20 Yr & Over | Numeric |
| AQ | P063401 | PT_SUB_TPN_<=20 | Patient, Subacute Total Parenteral Nutrition 20 Yr & Under | Numeric |
| AR | P063402 | PT_SUB_TPN_>=21 | Patient, Subacute Total Parenteral Nutrition 20 Yr & Over | Numeric |

| Sprdsht Columns | Page, Line, & Column No. | Field Name | Data File Specifications and Field Descriptions Information | Field Type and Notes |
|---|---|---|---|---|
| | | | Field Description and Codes Definition | |
| AS | P063501 | PT_SUB_PHY_THER_<=20 | Patient, Subacute  Physical Therapy 20 Yr & Under | Numeric |
| AT | P063502 | PT_SUB_PHY_THER_>=21 | Patient, Subacute  Physical Therapy 20 Yr & Over | Numeric |
| AU | P063601 | PT_SUB_SPE_THER_<=20 | Patient, Subacute  Speech Therapy 20 Yr & Under | Numeric |
| AV | P063602 | PT_SUB_SPE_THER_>=21 | Patient, Subacute  Speech Therapy 20 Yr & Over | Numeric |
| AW | P063701 | PT_SUB_OCC_THER_<=20 | Patient, Subacute  Occupational Therapy 20 Yr & Under | Numeric |
| AX | P063702 | PT_SUB_OCC_THER_>=21 | Patient, Subacute  Occupational Therapy 20 Yr & Over | Numeric |
| AY | P063801 | PT_SUB_IV_THER_<=20 | Patient, Subacute  IV Therapy 20 Yr & Under | Numeric |
| AZ | P063802 | PT_SUB_IV_THER_>=21 | Patient, Subacute  IV Therapy 20 Yr & Over | Numeric |
| BA | P063901 | PT_SUB_WOUND_CR<=20 | Patient, Subacute  Wound Care 20 Yr & Under | Numeric |
| BB | P063902 | PT_SUB_WOUND_CR_>=21 | Patient, Subacute  Wound Care 20 Yr & Over | Numeric |
| BC | P064001 | PT_SUB_DIALYS_<=20 | Patient, Subacute  Peritoneal Dialysis  20 Yr & Under | Numeric |
| BD | P064002 | PT_SUB_DIALYS_>=21 | Patient, Subacute  Peritoneal Dialysis  20 Yr & Over | Numeric |
| BE | P070101 | CENS_PSY_TOT | Census, Acute Psychiatric, Total | Numeric |
| BF | P070201 | CENS_PSY_LCK | Census, Acute Psychiatric, Locked | Numeric |
| BG | P070301 | CENS_PSY_OPN | Census, Acute Psychiatric, Open | Numeric |
| BH | P070601 | CENS_PSY_TOT | Census, Acute Psychiatric, Total | Numeric |
| BI | P070701 | CENS_PSY_<=17 | Census, Acute Psychiatric 12/31, 17 Years Old and Under | Numeric |
| BJ | P070801 | CENS_PSY_18-64 | Census, Acute Psychiatric 12/31, 18 - 64 Years | Numeric |
| BK | P070901 | CENS_PSY_>=65 | Census, Acute Psychiatric 12/31, 65 Years and Older | Numeric |
| BL | P071501 | CENS_CHEM_PSY | Census, Chem Dep Recovry Svc Using Lic. Psychiatric Beds on 12/31 | Numeric |
| BM | P071502 | DIS_CHEM_PSY | Discharges, Chemical Dependency Recovery (1/1-12/31) | Numeric |
| BN | P071503 | DAY_CHEM_PSY | Days, Chemical Dependency Recovery | Numeric |
| BO | P071504 | BED_CHEM_PSY_LIC | Beds, on License (Psychiatric Beds approved for CDRS) | Numeric |
| BP | P072001 | CENS_PSY_TOT | Census, Acute Psychiatric, Total | Numeric |
| BQ | P072101 | CENS_PSY_MCAR | Census, Acute Psychiatric Medicare | Numeric |
| BR | P072201 | CENS_PSY_MCAL | Census, Acute Psychiatric Medi-Cal | Numeric |
| BS | P072301 | CENS_PSY_SHDOYL | Census, Acute Psychiatric Short Doyle (includes Short-Doyle Medi-Cal) | Numeric |
| BT | P072401 | CENS_PSY_HMO | Census, Acute Psychiatric HMO | Numeric |
| BU | P072501 | CENS_PSY_THIRDPTY | Census, Acute Psychiatric Other Third Party Payment | Numeric |
| BV | P072601 | CENS_PSY_PVTPAY | Census, Acute Psychiatric Private Pay | Numeric |
| BW | P072701 | CENS_PSY_OTHR | Census, Acute Psychiatric Other | Numeric |
| BX | P073001 | SHDOYL_PSY_PROG | Program, Acute Psychiatric Under Short Doyle contract (1=Y, 2-N) | Numeric |
| BY | P080101 | MED-SURG_CENS | Census, Medical-Surgical on 12/31 | Numeric |
| BZ | P080102 | MED-SURG_BED_LIC | Licensed beds in Medical-Surgical | Numeric |
| CA | P080103 | MED-SURG_DIS | Discharges, Medical-Surgical | Numeric |
| CB | P080105 | MED-SURG_DAY | Days, Medical-Surgical Days | Numeric |
| CC | P080106 | MED-SURG_LICBED_DAY | Days, Licensed bed in Medical-Surgical | Numeric |
| CD | P080201 | PERINATL_CENS | Census, Perinatal on 12/31 | Numeric |
| CE | P080202 | PERINATL_BED_LIC | Licensed beds in Perinatal | Numeric |
| CF | P080203 | PERINATL_DIS | Discharges, Perinatal | Numeric |
| CG | P080205 | PERINATL_DAY | Days, Perinatal Days | Numeric |
| CH | P080206 | PERINATL_LICBED_DAY | Days, Licensed bed in Perinatal | Numeric |
| CI | P080301 | PED_CENS | Census, Pediatric on 12/31 | Numeric |
| CJ | P080302 | PED_BED_LIC | Licensed beds in Pediatric | Numeric |
| CK | P080303 | PED_DIS | Discharges, Pediatric | Numeric |
| CL | P080305 | PED_DAY | Days, Pediatric | Numeric |
| CM | P080306 | PED_LICBED_DAY | Days, Licensed bed in Pediatric | Numeric |
| CN | P080401 | ICU_CENS | Census, Intensive Care Unit on 12/31 | Numeric |

| Sprdsht Columns | Page, Line, & Column No. | Field Name | Data File Specifications and Field Descriptions Information | Field Type and Notes |
|---|---|---|---|---|
| | | | Field Description and Codes Definition | |
| CO | P080402 | ICU_BED_LIC | Licensed beds in Intensive Care Unit | Numeric |
| CP | P080403 | ICU_DIS | Discharges, Intensive Care Unit | Numeric |
| CQ | P080404 | ICU_TFR_INHOSP | Interhospital transfer from ICU | Numeric |
| CR | P080405 | ICU_DAY | Days, Intensive Care Unit | Numeric |
| CS | P080406 | ICU_LICBED_DAY | Days, Licensed bed in Intensive Care Unit | Numeric |
| CT | P080501 | CCU_CENS | Census, Coronary Care Unit on 12/31 | Numeric |
| CU | P080502 | CCU_BED_LIC | Licensed beds in Coronary Care Unit | Numeric |
| CV | P080503 | CCU_DIS | Discharges, Coronary Care Unit | Numeric |
| CW | P080504 | CCU_TFR_INHOSP | Interhospital transfer from Coronary Care Unit | Numeric |
| CX | P080505 | CCU_DAY | Days, Coronary Care Unit | Numeric |
| CY | P080506 | CCU_LICBED_DAY | Days, Licensed bed in Coronary Care Unit | Numeric |
| CZ | P080601 | RESP_CENS | Census, Respiratory Intensive Care Unit on 12/31 | Numeric |
| DA | P080602 | RESP_BED_LIC | Licensed beds in Respiratory Intensive Care Unit | Numeric |
| DB | P080603 | RESP_DIS | Discharges, Respiratory Intensive Care Unit | Numeric |
| DC | P080604 | RESP_TFR_INHOSP | Interhospital transfer from Respiratory Care Unit | Numeric |
| DD | P080605 | RESP_DAY | Days, Respiratory Intensive Care Unit | Numeric |
| DE | P080606 | RESP_LICBED_DAY | Days, Licensed bed in Respiratory Intensive Care Unit | Numeric |
| DF | P080701 | BURN_CENS | Census, Burn Center on 12/31 | Numeric |
| DG | P080702 | BURN_BED_LIC | Licensed beds in Burn Center | Numeric |
| DH | P080703 | BURN_DIS | Discharges, Burn Center | Numeric |
| DI | P080704 | BURN_TFR_INHOSP | Interhospital transfer from Burn Center | Numeric |
| DJ | P080705 | BURN_DAY | Days, Burn Center | Numeric |
| DK | P080706 | BURN_LICBED_DAY | Days, Licensed bed in Burn Center | Numeric |
| DL | P080801 | NICU_CENS | Census, Neonatal Intensive Care Unit on 12/31 | Numeric |
| DM | P080802 | NICU_BED_LIC | Licensed beds in Neonatal Intensive Care Unit | Numeric |
| DN | P080803 | NICU_DIS | Discharges, Neonatal Intensive Care Unit | Numeric |
| DO | P080804 | NICU_TFR_INHOSP | Interhospital transfer from Neonatal Intensive Care Unit | Numeric |
| DP | P080805 | NICU_DAY | Days, Neonatal Intensive Care Unit | Numeric |
| DQ | P080806 | NICU_LICBED_DAY | Days, Licensed bed in Neonatal Intensive Care Unit | Numeric |
| DR | P081001 | REHAB_CENS | Census, Rehabilitation Center on 12/31 | Numeric |
| DS | P081002 | REHAB_BED_LIC | Licensed beds in Rehabilitation Center | Numeric |
| DT | P081003 | REHAB_DIS | Discharges, Rehabilitation Center | Numeric |
| DU | P081005 | REHAB_DAY | Days, Rehabilitation Center | Numeric |
| DV | P081006 | REHAB_LICBED_DAY | Days, Licensed bed in Rehabilitation Center | Numeric |
| DW | P081601 | GAC_S-TOT_CENS | Census, General Acute Care on 12/31, Sub-total | Numeric |
| DX | P081602 | GAC_BED_LIC | Licensed beds in General Acute Care | Numeric |
| DY | P081603 | GAC_DIS | Discharges, General Acute Care | Numeric |
| DZ | P081605 | GAC_DAY | Days, General Acute Care | Numeric |
| EA | P081606 | GAC_LICBED_DAY | Days, Licensed bed in General Acute Care | Numeric |
| EB | P081801 | CHEM_CENS | Census, Chemical Dependency Recovery on 12/31 | Numeric |
| EC | P081802 | CHEM_BED_LIC | Licensed beds in Chemical Dependency Recovery | Numeric |
| ED | P081803 | CHEM_DIS | Discharges, Chemical Dependency Recovery | Numeric |
| EE | P081805 | CHEM_DAY | Days, Chemical Dependency Recovery | Numeric |
| EF | P081806 | CHEM_LICBED_DAY | Days, Licensed bed in Chemical Dependency Recovery | Numeric |
| EG | P082001 | PSY_CENS | Census, Acute Psychiatric on 12/31 | Numeric |
| EH | P082002 | PSY_BED_LIC | Licensed beds in Acute Psychiatric | Numeric |
| EI | P082003 | PSY_DIS | Discharges, Acute Psychiatric | Numeric |
| EJ | P082005 | PSY_DAY | Days, Acute Psychiatric | Numeric |

| Sprdsht Columns | Page, Line, & Column No. | Field Name | Data File Specifications and Field Descriptions Information Field Description and Codes Definition | Field Type and Notes |
|---|---|---|---|---|
| EK | P082006 | PSY_LICBED_DAY | Days, Licensed bed in Acute Psychiatric | Numeric |
| EL | P082501 | SN_CENS | Census, Skilled Nursing on 12/31 | Numeric |
| EM | P082502 | SN_BED_LIC | Licensed beds in Skilled Nursing | Numeric |
| EN | P082503 | SN_DIS | Discharges, Skilled Nursing | Numeric |
| EO | P082505 | SN_DAY | Days, Skilled Nursing | Numeric |
| EP | P082506 | SN_LICBED_DAY | Days, Licensed bed in Skilled Nursing | Numeric |
| EQ | P083001 | IC_CENS | Census, Intermediate Care on 12/31 | Numeric |
| ER | P083002 | IC_BED_LIC | Licensed beds in Intermediate Care | Numeric |
| ES | P083003 | IC_DIS | Discharges, Intermediate Care | Numeric |
| ET | P083005 | IC_DAY | Days, Intermediate Care | Numeric |
| EU | P083006 | IC_LICBED_DAY | Days, Licensed bed in Intermediate Care | Numeric |
| EV | P084001 | CENS_TOT | Census, Total on 12/31 | Numeric |
| EW | P084002 | BED_LIC_TOT | Licensed beds, Total | Numeric |
| EX | P084003 | DIS_TOT | Discharges, Total | Numeric |
| EY | P084005 | DAY_TOT | Days, Total | Numeric |
| EZ | P084006 | LICBED_DAY_TOT | Days, Licensed bed, Total | Numeric |
| FA | P084501 | CHEM_GAC_CENS | Census, Chem Dep Recovry Svc Using Lic. GAC Beds on 12/31 | Numeric |
| FB | P084502 | CHEM_GAC_DIS | Discharges, Total Chem Depend Recovry Svc Using Lic. GAC Beds | Numeric |
| FC | P084503 | CHEM_GAC_DAY_BED_LIC | Days, Licensed bed, in Chem Depend Recovry Svc Using Lic. GAC Beds | Numeric |
| FD | P084504 | CHEM_GAC_BED_LIC | Licensed GAC Beds being used for Chem Depend Recovry Svc | Numeric |
| FE | P090301 | LIC_CVSURG_CATH | Cardio-vascular surg/cathet. Lab licensed, 0=no; 1=cath only; 2=CV and Cath | Coded |
| FF | P091001 | OP_RM_CVSUR_ECBPASS | Operating Rooms equipped for ECBPASS on 12/31 | Numeric |
| FG | P091101 | CVSURG_ECBPASS_PED | Cardiac Surgeries with Extracorp. Bypass-Pediatric | Numeric |
| FH | P091201 | CVSURG_ECBPASS_ADLT | Cardiac Surgeries with Extracorp. Bypass-Adult | Numeric |
| FI | P091301 | CVSURG_ECBPASS_TOT | Cardiac Surgeries with Extracorp. Bypass-Total | Numeric |
| FJ | P092001 | ROOM_CARD_CATH | Rooms Equipped for Catheterizations on 12/31 | Numeric |
| FK | P092301 | CATH_PED_DX | Catheterizations, Diagnostic Total, Pediatric | Numeric |
| FL | P092302 | CATH_PED_THER | Catheterizations, Therapeutic Total, Pediatric | Numeric |
| FM | P092401 | CATH_ADULT_DX | Catheterizations, Diagnostic Total, Adult | Numeric |
| FN | P092402 | CATH_ADULT_THER | Catheterizations, Therapeutic Total, Adult | Numeric |
| FO | P092501 | CATH_DX_TOT | Catheterizations, Diagnostic Total | Numeric |
| FP | P092502 | CATH_THER_TOT | Catheterizations, Therapeutic Total | Numeric |
| FQ | P092601 | PACEMKR_IMPL | Permanent Pacemaker Implantations | Numeric |
| FR | P092701 | PTCA_ANGIOPLASTY | Percutaneous Transluminal Coronary Angioplasty | Numeric |
| FS | P092801 | PTBV_BALLOON | Percutaneous Transluminal Balloon Valve | Numeric |
| FT | P092901 | THROMBO_AGT | Thrombolytic Agents | Numeric |
| FU | P093001 | CATH_OTHR | Catheterizations, Other | Numeric |
| FV | P093101 | CATH_TOT | Catheterizations, Total | Numeric |
| FW | P100601 | BIRTHS_TOT | Live Births, Total (multiple births counted separately) | Numeric |
| FX | P100701 | BIRTHS_<2.5KG | Live Births, with Weight under 2500 grams | Numeric |
| FY | P100801 | BIRTHS_<1.5KG | Live Births, with Weight under 1500 grams | Numeric |
| FZ | P100901 | ABORT_IP | Abortions-Inpatient (induced) | See notes |
| GA | P101001 | ABORT_OP | Abortions-Outpatient (induced) | See notes |
| GB | P101101 | ABC_PROG | Alternate Birthing Center Program | Coded |
| GC | P101201 | ABC_LDR | Alternate Birthing Center w/stay < 24 hrs., unlic. beds | Coded |
| GD | P101202 | ABC_LDRP | Alternate Birthing Center w/stay > 24 hrs., lic. beds | Coded |
| GE | P101301 | BIRTHS_ABC | Live Births Occurring in Alternative Birth Setting | Numeric |
| GF | P101401 | BIRTHS_C-SEC | Live Births Cesarean Section Delivery | Numeric |

| Sprdsht Columns | Page, Line, & Column No. | Field Name | Data File Specifications and Field Descriptions Information | Field Type and Notes |
|---|---|---|---|---|
| | | | Field Description and Codes Definition | |
| GG | P101501 | DAY_NURSRY | Newborn nursery days | Numeric |
| GH | P110101 | SURG_IP | Surgical Operations, Inpatient | Numeric |
| GI | P110102 | OP_MIN_IP | Operating Room (Anesthesia) Minutes-Inpatient | Numeric |
| GJ | P110201 | SURG_OP | Surgical Operations, Outpatient | Numeric |
| GK | P110202 | OP_MIN_OP | Operating Room (Anesthesia) Minutes-Outpatient | Numeric |
| GL | P110501 | AMB_SURG_PROG | Ambulatory Surgical Program | Coded |
| GM | P111001 | OP_ROOM | Operating Rooms in Surgical Suites | Numeric |
| GN | P111101 | OP_ROOM_OP | Operating Rooms, exclusively Outpatient Surgery | Numeric |
| GO | P111201 | OP_ROOM_IPOP | Operating Rooms, Inpatient and Outpatient Surgery | Numeric |
| GP | P111301 | OP_ROOM_IP | Operating Rooms, exclusively Inpatient Surgery | Numeric |
| GQ | P120101 | PROG_RAD_THER | Radiation Therapy Program (1=yes, 2=no) | Coded |
| GR | P120201 | PROG_RAD_THER_12-31 | Licensed Radiation Therapy Svc on 12/31 (1=yes, 2=no) | Coded |
| GS | P121001 | MV1_TYPE | Megavoltage Machine 1, Type | Coded |
| GT | P121002 | MV1_YEAR | Megavoltage 1 Yr Operational in Hospital | Numeric |
| GU | P121003 | MV1_DAY | Megavoltage 1 Total Machine Days in Operation | Numeric |
| GV | P121004 | MV1_VIS | Megavoltage 1 Number of Treatment Visits | Numeric |
| GW | P121005 | MV1_PHOT_MAX | Megavoltage 1 Linear Accelerator: Photon Mode | Numeric |
| GX | P121006 | MV1_ELEC_MAX | Megavoltage 1 Linear Accelerator: Electron Mode | Numeric |
| GY | P121101 | MV2_TYPE | Megavoltage Machine 2, Type | Coded |
| GZ | P121102 | MV2_YEAR | Megavoltage 2 Yr Operational in Hospital | Numeric |
| HA | P121103 | MV2_DAY | Megavoltage 2 Total Machine Days in Operation | Numeric |
| HB | P121104 | MV2_VIS | Megavoltage 2 Number of Treatment Visits | Numeric |
| HC | P121105 | MV2_PHOT_MAX | Megavoltage 2 Linear Accelerator: Photon Mode | Numeric |
| HD | P121106 | MV2_ELEC_MAX | Megavoltage 2 Linear Accelerator: Electron Mode | Numeric |
| HE | P121201 | MV3_TYPE | Megavoltage Machine 3, Type | Coded |
| HF | P121202 | MV3_YEAR | Megavoltage 3 Yr Operational in Hospital | Numeric |
| HG | P121203 | MV3_DAY | Megavoltage 3 Total Machine Days in Operation | Numeric |
| HH | P121204 | MV3_VIS | Megavoltage 3 Number of Treatment Visits | Numeric |
| HI | P121205 | MV3_PHOT_MAX | Megavoltage 3 Linear Accelerator: Photon Mode | Numeric |
| HJ | P121206 | MV3_ELEC_MAX | Megavoltage 3 Linear Accelerator: Electron Mode | Numeric |
| HK | P121301 | MV4_TYPE | Megavoltage Machine 4, Type | Coded |
| HL | P121302 | MV4_YEAR | Megavoltage 4 Yr Operational in Hospital | Numeric |
| HM | P121303 | MV4_DAY | Megavoltage 4 Total Machine Days in Operation | Numeric |
| HN | P121304 | MV4_VIS | Megavoltage 4 Number of Treatment Visits | Numeric |
| HO | P121305 | MV4_PHOT_MAX | Megavoltage 4 Linear Accelerator: Photon Mode | Numeric |
| HP | P121306 | MV4_ELEC_MAX | Megavoltage 4 Linear Accelerator: Electron Mode | Numeric |
| HQ | P121401 | MV5_TYPE | Megavoltage Machine 5, Type | Coded |
| HR | P121402 | MV5_YEAR | Megavoltage 5 Yr Operational in Hospital | Numeric |
| HS | P121403 | MV5_DAY | Megavoltage 5 Total Machine Days in Operation | Numeric |
| HT | P121404 | MV5_VIS | Megavoltage 5 Number of Treatment Visits | Numeric |
| HU | P121405 | MV5_PHOT_MAX | Megavoltage 5 Linear Accelerator: Photon Mode | Numeric |
| HV | P121406 | MV5_ELEC_MAX | Megavoltage 5 Linear Accelerator: Electron Mode | Numeric |
| HW | P121501 | MV6_TYPE | Megavoltage Machine 6, Type | Coded |
| HX | P121502 | MV6_YEAR | Megavoltage 6 Yr Operational in Hospital | Numeric |
| HY | P121503 | MV6_DAY | Megavoltage 6 Total Machine Days in Operation | Numeric |
| HZ | P121504 | MV6_VIS | Megavoltage 6 Number of Treatment Visits | Numeric |
| IA | P121505 | MV6_PHOT_MAX | Megavoltage 6 Linear Accelerator: Photon Mode | Numeric |
| IB | P121506 | MV6_ELEC_MAX | Megavoltage 6 Linear Accelerator: Electron Mode | Numeric |

| Sprdsht Columns | Page, Line, & Column No. | Field Name | Data File Specifications and Field Descriptions Information | | Field Type and Notes |
|---|---|---|---|---|---|
| | | | Field Description and Codes Definition | | |
| IC | P121601 | MV7_TYPE | Megavoltage Machine 7, Type | | Coded |
| ID | P121602 | MV7_YEAR | Megavoltage 7 Yr Operational in Hospital | | Numeric |
| IE | P121603 | MV7_DAY | Megavoltage 7 Total Machine Days in Operation | | Numeric |
| IF | P121604 | MV7_VIS | Megavoltage 7 Number of Treatment Visits | | Numeric |
| IG | P121605 | MV7_PHOT_MAX | Megavoltage 7 Linear Accelerator: Photon Mode | | Numeric |
| IH | P121606 | MV7_ELEC_MAX | Megavoltage 7 Linear Accelerator: Electron Mode | | Numeric |
| II | P122101 | EMS_LEVELC1-1_LIC | **Emergency Medical Services, level on 1/1 This Report Yr (per license)**<br><br>**Codes   Licensure of EMS Level**<br>0         No EMS and NOT a GAC hospital (e.g., Psych, Chem. Depend. Recovery Hosp)<br>1         No EMS<br>2         Standby EMS<br>3         Basic EMS<br>4         Comprehensive EMS | | Coded |
| IJ | P122201 | EMS_LEVELC12-31_LIC | **Emergency Medical Services, level on 12/31 This Report Yr (per license)**<br><br>**Codes   Licensure of EMS Level**<br>0         No EMS and NOT a GAC hospital (e.g., Psych, Chem. Depend. Recovery Hosp)<br>1         No EMS<br>2         Standby EMS<br>3         Basic EMS<br>4         Comprehensive EMS | | Coded |
| IK | P122601 | EMS_STATION | Emer Med Svcs, Patient Treatment Stations on 12/31 | | Numeric |
| IL | P122801 | VIS_EMS | Emer Med Svcs, Patient Visits | | Numeric |
| IM | P122901 | VIS_EMS_NON-URG | Emer Med Svcs, Non-Urgent EMS Visits | | Numeric |
| IN | P123001 | VIS_EMS_URGNT | Emer Med Svcs, Urgent EMS Visits | | Numeric |
| IO | P123101 | VIS_EMS_CRIT | Emer Med Svcs, Critical EMS Visits | | Numeric |
| IP | P123201 | ADM_EMS_VIS | Emer Med Svcs, EMS Visits Resulting in Admissions | | Numeric |

**Helpful Technical Notes and Terms for use of datafile, "Annual Utilization Report of Hospitals, 1999"**
**hosp9901.txt and hosp9902.txt Datafiles**
**Office of Statewide Health Planning and Development (OSHPD)**

**Coded**          Data presented as "coded" are 1) Data supplied through an OSHPD internal (root information) process, and not by the facility on its disclosure report, or/and  2) when lengthy multiple-choice report responses are best depicted in codes.

**Text**          A field type.  Data entered by the facility are expressed as text in fields identified with this type.  Data may be numbers as well as alpha characters.

**Numeric**          A field type.  Data entered by the facility are expressed numbers only.

**Abortion Data**          Data available are for statewide totals only.  For more specific data, the user should contact OSHPD

**FACNO, FAC_NO2**          OSHPD facility number.  The Hospital Utilization Report datafile is divided into two files because of the large number of fields (490) in the entire datafile.  E.G., hosp9901.txt includes data fields 1 through 240.  The second file, hosp9902.txt, includes field 241 through 490.  To assist the user, the facility's OSHPD facility number is repeated as the first field of the second file.

**Megavoltage Machines**  Facilities with radiation therapy services may report on five possible types of megavoltage machines:  Linear Accelerator; 12MeV and under Linear Accelerator Over 12 MeV; Cobalt 60; Betatron; and Van de Graff.

**LFS**          OSHPD's Licensing File System that is based on the State Department of Health Licensing & Certification status

# OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

## DATA FIELD DEFINITION

## LIST OF CALIFORNIA COUNTIES

| Code | Name | Code | Name |
|------|------|------|------|
| 01 | Alameda | 30 | Orange |
| 02 | Alpine | 31 | Placer |
| 03 | Amador | 32 | Plumas |
| 04 | Butte | 33 | Riverside |
| 05 | Calaveras | 34 | Sacramento |
| 06 | Colusa | 35 | San Benito |
| 07 | Contra Costa | 36 | San Bernardino |
| 08 | Del Norte | 37 | San Diego |
| 09 | El Dorado | 38 | San Francisco |
| 10 | Fresno | 39 | San Joaquin |
| 11 | Glenn | 40 | San Luis Obispo |
| 12 | Humboldt | 41 | San Mateo |
| 13 | Imperial | 42 | Santa Barbara |
| 14 | Inyo | 43 | Santa Clara |
| 15 | Kern | 44 | Santa Cruz |
| 16 | Kings | 45 | Shasta |
| 17 | Lake | 46 | Sierra |
| 18 | Lassen | 47 | Siskiyou |
| 19 | Los Angeles | 48 | Solano |
| 20 | Madera | 49 | Sonoma |
| 21 | Marin | 50 | Stanislaus |
| 22 | Mariposa | 51 | Sutter |
| 23 | Mendocino | 52 | Tehama |
| 24 | Merced | 53 | Trinity |
| 25 | Modoc | 54 | Tulare |
| 26 | Mono | 55 | Tuolumne |
| 27 | Monterey | 56 | Ventura |
| 28 | Napa | 57 | Yolo |
| 29 | Nevada | 58 | Yuba |

# Appendix A


# Hospital Annual Report Glossary

# HOSPITAL ANNUAL REPORT GLOSSARY

Acute Care
    Short-Term Health Care.

Average Daily Census (ADC)
    The average number of inpatients, excluding nursery patients, receiving care each day during the reporting period.  It is derived by dividing the number of patient (census) days for the reporting period by the number of days in the reporting period.

Average Length of Stay (ALOS)
    The average length of time, usually expressed as days, for a group of patients, excluding nursery patients, discharged during the reporting period.  It is derived by following formula. (lengths of stay of all patients discharged during the reporting period)/total number by patients discharged.

    OSHPD has historically used the following formula to compute average length of stay.  (total number of patient days for the reporting period)/ total patients discharged during the reporting period).

    In the case of long-term care this formula cannot be used.

Cardiac Catheterization

    Diagnostic:  The intravascular insertion of a catheter into the heart for the primary definition and diagnosis of an anatomic cardiac lesion.

    Therapeutic:  The intravascular insertion of a catheter into the heart for therapy, e.g. PTCAs, permanent pacemakers, and thrombolytic agency (e.g., streptokinase infusion), etc.

Cardiovascular Surgery-with Bypass (CV)
    Open heart surgery (with extracorporeal bypass, i.e., "using a heart/lung machine").  This is a broader definition than "bypass surgery", because "bypass surgery" (installing a bypass) would be open-heart surgery with extracorporeal bypass, but there are forms of open-heart surgery with extracorporeal bypass that do not involve the installation of a bypass (e.g., heart transplantations).

Chemical Dependency Recovery Hospital Beds
    Beds in a Chemical Dependency Recovery Hospital or a General Acute Care Hospital classified by the Division of Licensing and Certification, Department of Health Services, as chemical dependency recovery beds and used for the same services as those in a chemical dependency recovery hospital as defined below.

Chemical Dependency Recovery Hospital (CDRH)
    A hospital which provides 24-hour inpatient care for persons who have a dependency on alcohol or other drugs.  Care includes patient counseling, group therapy, physical conditioning, family therapy, outpatient services, and dietetic services.  The hospital shall have a medical director who is a physician and surgeon licensed in California.

Chemical Dependency Recovery Services (CDRS)
    Services provided as a supplemental service in General Acute Care Beds or Acute Psychiatric Beds.  The services must be provided in a distinct part of the hospital and are similar to those provided in hospitals licensed as chemical dependency recovery hospitals or in chemical dependency recovery (hospital) beds in general acute care hospitals.

Consolidated License
    Occurs when a General Acute Care Hospital includes more than one physical plant on a
    single license, under specified circumstances.  This option became available after Section
    1250.8 was added to the Health and Safety Code in 1983.  The second physical plant may
    be another hospital or a Long-Term Care Hospital.

Discharge
    The formal termination of a period of inpatient hospitalization through the formal release of
    the inpatient by the hospital.  Deaths are included in discharges.  Transfers between levels
    of care are also considered discharges i.e., GAC to Skilled Nursing.

Emergency Medical Services (EMS)
    Hospital services providing immediate initial evaluation and treatment of acutely ill or injured
    patients on a 24-hour basis.

    **Licensed EMS levels are:**

    Standby - the provision of emergency medical care in a specifically designated area of the
    hospital that is equipped and maintained at all times to receive patients with urgent medical
    problems, and capable of providing physician services within a reasonable time (See Title
    22, Division 5, Sections 70651-70657, California Code of Regulations, for details).

    Basic - the provision of emergency medical care in a specifically designated area of the
    hospital that is staffed and equipped at all times to provide prompt care for any patient
    presenting urgent medical problems (See Title 22, Division 5, Sections 70413-70419,
    California Code of Regulations,for details).

    Comprehensive - the provision of diagnostic and therapeutic services for unforeseen
    physical and mental disorders that, if not properly treated, would lead to marked suffering,
    disability, or death. The scope of services is comprehensive, with in-house capability for
    managing all medical situations on a definitive and continuing basis (See Title 22, Division
    5, Sections 70453-70459, California Code of Regulations, for details).

EMS Station
    An Emergency Medical Services treatment station.  This is a specific place within the EMS
    Department adequate to treat one patient at a time.  Holding or observation beds are not
    included.

EMS Visits
    Visits made during the year to the Emergency Medical Service Department.

    Non-Urgent - a patient with a non-emergent injury, illness, or condition; sometimes chronic;
    that can be treated in a non-emergency setting and not necessarily on the same day they
    are seen in the EMS Department (pregnancy tests, toothache, minor cold, ingrown toenail).
    An applicable CPT code (1998) for this level of service would be 99281 (single problem with
    straightforward medical decision making).
    Urgent - a patient with an acute injury or illness where loss of life or limb is not an immediate
    threat to their well-being, or a patient who needs a timely evaluation (fracture or laceration).
     Applicable CPT codes (1998) for this level of service would be 99282 (low complexity) or
    99283 (low to moderate complexity).

    Critical - a patient presents an acute injury or illness that could result in permanent damage,
    injury or death (head injury, vehicular accident, a shooting). Applicable CPT codes (1998)
    for this level of service would be 99284  (no immediate significant threat to life) or 99285
    (immediate threat to life).

### Extracorporeal Bypass
Routing blood from the body to an external heart/lung machine, which provides circulation and oxygenates the blood.

### General Acute Care (GAC) Beds
Beds licensed and classified by the hospital and by DHS's Licensing and Certification Division as Medical/Surgical, Pediatric, Perinatal, Acute Rehabilitation Center, Burn Center, ICU, CCU, Acute Respiratory, or ICNN Beds.

### Hospice Program
A hospice program is a centrally administered program of palliative and supportive services which provide physical, psychological, social and spiritual care for dying persons and their families, focusing on pain and symptom control for the patient.

### Intensive Care Newborn Nursery (ICNN)
Provides comprehensive and intensive care for all contingencies of the newborn infant. Infant transport services are an indispensable part of an Intensive Care Newborn Nursery. **NOTE: Infant to RN ratio not to exceed 2:1.**

### Intermediate Care (IC)
Long-Term Care Services to a patient whose condition does not require the degree of care provided by a General Hospital or Skilled Nursing Facility.

### Intermediate Care Hospital/Developmentally Disabled IC/DD (or ICF/DD):
A bed classification and/or hospital classification for providing a special treatment program for persons who are developmentally disabled.

### Intra-Hospital Transfer
The formal transfer of an inpatient, usually during a single hospitalization, from one nursing care unit, clinical service.

### Labor, Delivery, and Recovery (LDR):
A program, formerly approved as ABC (Alternative Birthing Center), for low risk mothers, with equipment and supplies for uncomplicated deliveries, in a home-like setting, with stays of less than 24 hours, that has been approved by the Licensing and Certification Division, DHS, (the beds do not have to be licensed beds).

### Labor, Delivery, Recovery, and Post-Partum (LDRP):
A program for all mothers, with equipment and supplies for complicated deliveries, in a home-like setting, with stays which can exceed 24 hours, that has been approved by the Licensing and Certification Division, DHS (and provided in licensed perinatal beds).

### Licensed Beds
Licensed beds for the purpose of this report are the number beds licensed by the DHS's Licensing and Certification Division on December 31. This includes beds in suspense.

### Licensed Bed Days
The number licensed beds multiplied by the number of days in the reporting period.

### Long-Term Care (LTC):
Long-term care refers to Skilled Nursing and Intermediate Care

### Medical/Surgical (M/S):
Referred to as Unspecified General Acute Care (GAC); i.e., beds not designated as Perinatal, Pediatric, ICU, CCU, Acute Respiratory, Burn Center, ICNN, or Acute Rehabilitation.

Occupancy Rate:
A measure of the utilization of beds over a reporting period. The measurement for this report is derived by dividing number of the patient days by the licensed bed days.

Patient (Census) Day:
A unit of measurement denoting the services received by one inpatient in one 24-hour period.

Patient (Census) Days:
The sum of all inpatient service days for each day of the reporting period.

Pediatric Service
The observation, diagnosis, and treatment (including preventive treatment) of patients under 14 years of age.

Percutaneous Transluminal Coronary Angioplasty (PTCA):
A technique employed during cardiac catheterization in which a small balloon is inserted into a coronary artery and inflated to stretch a narrowed segment of the artery.  Replaces coronary artery bypass surgery in selected cases.  A type of therapeutic cardiac catheterization.

Perinatal Unit
A maternity and newborn service for the provision of care during pregnancy, labor, delivery, postpartum, and neonatal periods with appropriate staff, space, equipment, and supplies (See Title 22, Division 5, Sections 70547-70553, California Code of Regulations, for details). Commonly called maternity or obstetrical.

Permanent Pacemaker Implantation (PPI)
A type of therapeutic cardiac catheterization.

Principal Service
The one category which best describes the type of service provided to the majority of patients.

Psychiatric Health Facility (PHF)
A hospital which provides 24-hour inpatient care for mentally disordered, incompetent, or other persons. Such care shall include, but not be limited to, the following basic services: psychiatry, clinical psychology, psychiatric nursing, social work, rehabilitation, drug administration, and appropriate food services for those persons whose physical health needs can be met in an affiliated hospital or in outpatient settings.

Subacute Care
Subacute care is comprehensive inpatient care designed for someone who has had an acute illness, injury, or exacerbation of a disease process.  It is goal-oriented treatment rendered immediately after, or instead of, acute hospitalization to treat one or more specific active complex medical conditions or to administer one or more technically complex treatments, in the context of a person's underlying long-term conditions and overall situation.

Suspense ("In Suspense")
Occurs when a licensee requests that the hospital license, or some licensed beds, be temporarily taken out of service, or when the Licensing and Certification Division of the Department of Health Services does so on its own (See Title 22, Division 5, Sections 70129-70135, California Code of Regulations, for details).

Swan-Ganz Thermodilution Cardiac Output Catheter
A soft flow-directed catheter with a balloon at the tip for measuring pulmonary arterial pressures. The pulmonary artery connects the heart to the lungs.

Swing Beds
Beds licensed for general acute care which may be used, with the approval of the Licensing and Certification Division, Department of Health Services, as skilled nursing beds.

Thrombolytic Agents
Chemicals introduced by cardiac catheter or I.V. to dissolve blood clots lodged in arteries, e.g., Streptokinase Infusion.

Venous Line Catheter
A long, fine catheter introduced into a large vein to administer fluids or medications, or for the measurement of central venous pressure.

# Appendix B

## Annual Utilization Report of Hospitals 1999
### Blank Form

# ANNUAL UTILIZATION REPORT OF HOSPITALS - 1999

┌─────────────────────────────────────┐

STATE USE ONLY

**Page 0, Line 1**

STATUS   3 ___   CONSOL #  6 ___

└─────────────────────────────────────┘

Return **BY FEBRUARY 15, 2000** to:
Office of Statewide Health Planning
    and Development
Accounting and Reporting Systems Section
Licensed Services Data and Compliance Unit
818 K Street, Rm. 400
Sacramento, CA  95814

Completion of the "Annual Utilization Report of Hospitals" is required by Section 127285 of the Health and Safety Code, and is a requirement for the licensure of your health facility pursuant to Section 70735 and 71533 of Title 22 of the California Code of Regulations. Failure to complete and file this report by February 15, may result in action against the hospital's license.

**Please refer to the instructions as you complete the form.  If you have any questions or need assistance in completing the form, please contact the Office at (916) 322-7422 or (916) 323-7685.**

*"I declare the following under penalty of perjury: that I am the current administrator of this hospital, duly authorized by the governing body to act in an executive capacity; that I am familiar with the record keeping systems of this hospital and the records and logs are true and correct to the best of my information and belief; that I have read this annual report and am thoroughly familiar with its contents; and that its contents represent an accurate and complete summarization from our medical records and logs of the information requested."*

_____            _____
  Administrator's Name (Please Print)            Name of person completing form and /or contact
                                                 person for any follow-up questions (Please Print)

_____            _____
  Administrator's Signature                      Print Title and Department of Person Responsible for
                                                 the Report

_____            ( _____ ) _____
  Date                                           Area Code       Phone            Ext.

3. ( _____ ) _____            ( _____ ) _____
  Area Code        Phone                         Area Code      FAX Number

**COMPLETE PART A ONLY IF THE HOSPITAL WAS DELICENSED (CLOSED), WENT INTO SUSPENSE OR WAS NEWLY LICENSED DURING THE REPORTING YEAR.**

A.    **DATES OF LICENSURE:** If the hospital was licensed on or after 1/1 or was delicensed (closed) or went into suspense on or before 12/31, enter the dates of operation on Line 1, Columns 1 and 2.  Month = 01 through 12 and Day = 01 through 31.

|       | Col. 1 | | | Col. 2 | |
|-------|--------|--|---------|--------|--|
| l1.   FROM | Month | Day | THROUGH | Month | Day |

**COMPLETE PART B & C ONLY IF THE HOSPITAL WAS NEWLY LICENSED OR CHANGED LICENSEE/ OWNERSHIP DURING THE REPORTING YEAR.**

B.    **LICENSEE (OWNERSHIP) TYPE:**
From the list below, select the ONE category that best describes the type of licensee of your hospital and enter the number which appears next to that category.....................................................2. _____

| LICENSEE (OWNERSHIP) CODES | | |
|---|---|---|
| **NONPROFIT** | **FOR PROFIT** | **STATE/LOCAL GOVERNMENT** |
| 18 Nonprofit Corporation | 23 Individual | 11 State |
| 19 Kaiser | 24 Partnership | 12 County |
| 20 Church Related | 25 Corporation | 13 City |
| 22 University of California | | 14 City/County |
| 21 Other _____<br>          Specify | | 15 Hospital District |

C.    **PRINCIPAL SERVICE TYPE:**
From the list below, select the ONE category that best describes the type of service provided to the majority of your patients and enter the number which appears next to that category............................3. _____

| PRINCIPAL SERVICE CODES | | |
|---|---|---|
| 10 General Medical/Surgical | 14 Tuberculosis and Other Respiratory<br>      Disease | 18 Physical Rehabilitation |
| 11 Hospital Unit of an Institution<br>   (e.g. Penal Institution, student health) | 15 Chemical Dependency<br>      (Alcohol/Drug) | 19 Orthopedic or Pediatric Ortho |
| 12 Long Term Care (SN/IC) | 16 Chronic Disease | 22 Developmentally Disabled |
| 13 Psychiatric | 17 Pediatric | 23 Other _____<br>                 (Specify) |

## A.    HOSPICE PROGRAM

Enter the number 1 if the hospital offered a hospice program during the calendar year?........................1 ____
*(See definition of "hospice" in instructions)*

If yes, what type of bed classification is used for this service?
   1-General Acute Care, 2-SNF, 3-ICF, 4-Combination ........................................................................2 ____

---

### LONG-TERM CARE SERVICES
### (SKILLED NURSING AND/OR INTERMEDIATE CARE (SN/IC)

## B.    CERTIFICATION(S):

From the certification categories below, place a check on those categories for which your hospital was certified or contracted during the year.

| **Medicare:** Skilled Nursing Line 5 (Col. 1) ___ | **Medi-Cal:** Skilled Nursing (Col. 2) ___ | **Medi-Cal:** Intermediate Care (Col. 3) ___ | **Medi-Cal:** Intermediate Care/DD (Col. 4) ___ | **Medi-Cal** Subacute (Col. 5) ___ |
|---|---|---|---|---|

## C.    Length of Time in Hospital--All long-term care patients discharged: (See definition of "discharge" in instruction booklet.)

**TABLE A Discharged Long-term Care Patients by Length of Stay**

| Time in Hospital | Line No. | Number of Patients |
|---|---|---|
| TOTAL LONG-TERM CARE DISCHARGES | 11 | * |
| Less than 2 weeks | 12 | |
| 2 weeks less than 1 month | 13 | |
| 1 month less than 3 months | 14 | |
| 3 months less than 7 months | 15 | |
| 7 months less than 12 months | 16 | |
| 1 year less than 2 | 17 | |
| 2 years less than 3 | 18 | |
| 3 years less than 5 | 19 | |
| 5 years less than 7 | 20 | |
| 7 years less than 10 | 21 | |
| 10 years or more | 22 | |

 *Total discharges must be the same on page 4, line 3, column 6. (Table B)

## D.    SPECIAL PROGRAMS FOR HOSPITAL-BASED LONG-TERM CARE PATIENTS

During the calendar year, what was the number of patients diagnosed as having AIDS, ARC, prodromal AIDS or HIV related disease and illness (HTLV-III/LAV)? ......................................41_____

Enter the number 1 if your hospital offered a specialized program for Alzheimer's patients? .....42_____

During the calendar year, what was the number of patients who had a primary or secondary diagnosis of Alzheimer's Disease?.........................................................................................................43_____

## TABLE B – LONG TERM CARE INPATIENT UTILIZATION

### COMPLETE LINES 1-4, COLUMNS 1-6, USING THE FOLLOWING:
(Line 1) + (Line 2) - (Line 3) = Line 4

**Enter on Line 2, Col. 7-12, the number of LTC patients admitted from each place shown.** The sum of line 2 (ADMISSIONS) columns 7-12 must equal the amount shown on line 2 column 6 (**Total**)

**Enter on Line 3, Col. 7-14, the number of LTC patients discharged to each place shown.** The sum of line 3 (DISCHARGES) columns 7-14 must equal the amount shown on line 3 column 6 (**Total**)

**Enter on Line 4, Col. 7-14, the number of LTC patients in the hospital on December 31, 1999 whose principal source of payment was from the sources shown.** The sum of line 4 (CENSUS) columns 7-14 must equal the amount shown on line 4 column 6 (**Total**)

| | | SN (Gen) | IC (Gen) | SN (MD) | IC (DD) | Total | Home | Hospital | State Hospital | Other LTC | Residential Bd & Care | Other | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Dec. 31, 1998 Census | Ln. 1 | | | | | | | | | | | | | |
| Admissions (+) | Ln. 2 | | | | | | | | | | | | AWOL | Death |
| (-) Discharges | Ln. 3 | | | | | | | | | | | | | |
| Dec. 31, 1999 Census | Ln. 4 | | | | | | | | | | | ■ | | |
| Patient Days | Ln. 5 | | | | | | 7 Medicare | 8 Medi-Cal | 9 HMO | 10 Private Ins. | 11 Private Pay | 12 | 13 | 14 Other |
| Licensed Beds | Ln. 6 | ■ | ■ | ■ | ■ | ■ | | | | | | | | |
| Licensed Bed Days | Ln. 7 | ■ | ■ | ■ | ■ | ■ | *Please Refer to the Instructions* | | | | | | | |
| Swing Beds | Ln. 8 | | ■ | ■ | ■ | | | | | | | | | |
| Cols. | | 1 | 2 | 3 | 4 | 6 | | | | | | | | |

## A.  TOTAL NUMBER OF LTC INPATIENTS

1. Number of Inpatients in the Hospital on December 31 of the Reporting Year          _____

2. Number of **Male** Inpatients on December 31 of the Reporting Year.          _____

3. Number of **Female** Inpatients on December 31 of the Reporting Year          _____

---

## B.  RACE/ETHNICITY AND AGE OF MALE LTC PATIENTS ON DECEMBER 31.

Report These Patients by the Appropriate Age Groups:

|  | COL. 1 <45 | COL. 2 45-54 | COL. 3 55-64 | COL. 4 65-74 | COL. 5 75-84 | COL. 6 85-94 | COL. 7 95+ |
|---|---|---|---|---|---|---|---|
| 4. White | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 5. Black | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 6. Hispanic | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 7. Asian | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 8. Filipino | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 9. Pacific Islander | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 10. Native American | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 11. Other | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 12. Total | _____ | _____ | _____ | _____ | _____ | _____ | _____ |

## C. RACE/ETHNICITY AND AGE OF FEMALE LTC PATIENTS ON DECEMBER 31.

Report These Patients by the Appropriate Age Groups:

|  | COL. 1 <45 | COL. 2 45-54 | COL. 3 55-64 | COL. 4 65-74 | COL. 5 75-84 | COL. 6 85-94 | COL. 7 95+ |
|---|---|---|---|---|---|---|---|
| 13. White | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 14. Black | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 15. Hispanic | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 16. Asian | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 17. Filipino | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 18. Pacific Islander | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 19. Native American | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 20. Other | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 21. Total | _____ | _____ | _____ | _____ | _____ | _____ | _____ |

## A.   <u>MEDI-CAL</u> <u>SUBACUTE</u> CARE PATIENTS

1.   Number of **Medi-Cal Subacute** Care Beds Contracted for on December 31. ........................................ _____

|  | COL. 1<br>Age 20 and Under | COL. 2<br>Age 21 and Over |
|---|---|---|
| 2.   Number of Medi-Cal Subacute Patients in the Hospital on December 31. | _____ | _____ |
| 3.   Number of Medi-Cal Subacute Patients Admitted During the Year. | _____ | _____ |
| 4.   Number of Medi-Cal Subacute Patients Discharged During the Year. | _____ | _____ |
| 5.   Number of Medi-Cal Subacute Care Patient Days. | | |

## B.   PLACE <u>*MEDI-CAL SUBACUTE*</u> PATIENTS REPORTED ON LINE 3 WERE ADMITTED FROM (Source of Admission):

| | | |
|---|---|---|
| 10.  Home | _____ | _____ |
| 11.  State Hospital | _____ | _____ |
| 12.  Residential Board and Care Facility | _____ | _____ |
| 13.  Hospital | _____ | _____ |
| 14.  Other LTC facility | _____ | _____ |
| 15. Other, Specify _____ | _____ | _____ |

## C.   PLACE <u>*MEDI-CAL SUBACUTE*</u> PATIENTS REPORTED ON LINE 4 WERE DISCHARGED TO (Disposition of Patient):

| | | |
|---|---|---|
| 20. Home | _____ | _____ |
| 21. State Hospital | _____ | _____ |
| 22. Residential Board and Care Facility | _____ | _____ |
| 23. Hospital | _____ | _____ |
| 24. Other LTC facility | _____ | _____ |
| 25. Other, Specify _____ | _____ | _____ |
| 26. Death | _____ | _____ |

## D.   REPORT THE NUMBER OF <u>*MEDI-CAL SUBACUTE*</u> PATIENTS ON DECEMBER 31 THAT REQUIRED THE TREATMENT/PROCEDURES LISTED.  (A patient may require more than one treatment/procedure:)

| | | |
|---|---|---|
| 31. Tracheostomy with Ventilator | _____ | _____ |
| 32. Tracheostomy without Ventilator | _____ | _____ |
| 33. Tube feeding (nasogastric or gastrostomy) | _____ | _____ |
| 34. Total Parenteral Nutrition (TPN) | _____ | _____ |
| 35. Physical Therapy | _____ | _____ |
| 36. Speech Therapy | _____ | _____ |
| 37. Occupational Therapy | _____ | _____ |
| 38. IV Therapy | _____ | _____ |
| 39. Wound Care | _____ | _____ |
| 40. Peritoneal Dialysis | _____ | _____ |

## COMPLETE ONLY IF YOUR HOSPITAL HAS LICENSED ACUTE PSYCH OR PHF BEDS

**A.  ACUTE PSYCHIATRIC PATIENTS ON DECEMBER 31**

|  | Line No. | PATIENT CENSUS DECEMBER 31 |
|---|---|---|
| ACUTE PSYCHIATRIC TOTAL | 1 | * |
| Locked | 2 | |
| Open | 3 | |

*TOTAL must equal Line 20, Column 1, Page 8

**B.  ACUTE PSYCHIATRIC PATIENTS BY AGE CATEGORY ON DECEMBER 31**

| AGE GROUP | Line No. | NUMBER OF PATIENTS |
|---|---|---|
| TOTAL PATIENT CENSUS | 6 | * |
| 0-17 Years | 7 | |
| 18-64 Years | 8 | |
| 65 Years and over | 9 | |

*TOTAL patient census (Line 6) must be equal to total acute psychiatric patients (Line 1 above)

**C.  CDR SERVICES PROVIDED IN LICENSED ACUTE PSYCHIATRIC BEDS**

| Line No. | CENSUS 12/31 (Column 1) | For Calendar Year | | STATE USE ONLY |
|---|---|---|---|---|
| | | DISCHARGES (Column 2) | PATIENT DAYS (Column 3) | BEDS ON LICENSE (Column 4) |
| 15 | | | | |

**D.  ACUTE PSYCHIATRIC PATIENTS BY PRIMARY PAYER ON DECEMBER 31**

| SOURCE | Line No. | NUMBER OF PATIENTS |
|---|---|---|
| TOTAL ACUTE PSYCHIATRIC PATIENTS* | 20 | |
| Medicare | 21 | |
| Medi-Cal | 22 | |
| Short-Doyle (includes Short-Doyle Medi-Cal) | 23 | |
| HMO | 24 | |
| Other Third Party Payer | 25 | |
| Private Pay | 26 | |
| Other | 27 | |

*Total acute psychiatric patients (Line 20) must be equal to total patient census (Line 6) and acute psychiatric total (Line 1)

**E.**     During the calendar year, did you provide any acute psychiatric care under a **Short-Doyle** contract? (1-Yes, 2-No) .....30. ___

## A.  INPATIENT BED UTILIZATION - *DO NOT INCLUDE NORMAL NEWBORNS IN BED UTILIZATION DATA ON THIS TABLE!*

| Line No. | CENSUS 12/31 (Col. 1) | STATE USE ONLY Licensed Beds (Col. 2) | BED CLASSIFICATION AND BED DESIGNATION[1] | For Calendar Year | | | STATE USE ONLY Licensed Bed Days (Col. 6) |
|---|---|---|---|---|---|---|---|
| | | | | Hospital Discharges (Including Deaths) (Col. 3) | Intrahospital Transfers From Critical Care (Col. 4) | Patient Census Days (Col. 5) | |
| 1 | | | Medical/Surgical[2] *(Include GYN)* | | | | |
| 2 | | | Perinatal *(Exclude newborn & Gyn)* | | | | |
| 3 | | | Pediatric | | | | |
| 4 | | | Intensive Care[3] | | | | |
| 5 | | | Coronary Care[3] | | | | |
| 6 | | | Acute Respiratory Care[3] | | | | |
| 7 | | | Burn Center[3] | | | | |
| 8 | | | Intensive Care Newborn Nursery | | | | |
| 10 | | | Rehabilitation Center[4] | | | | |
| 16 | | | **SUBTOTAL--General Acute Care** | | | | |
| 18 | | | **Chemical Dependency Recovery Hospital** | | | | |
| 20 | | | **Acute Psychiatric** Please complete Page 7 | | | | |
| 25 | | | **Skilled Nursing**[5] Please complete Page 4 | | | | |
| 30 | | | **Intermediate Care**[6] Please complete Page 4 | | | | |
| 40 | | | **HOSPITAL TOTAL** | | | | |

[1] See instructions

[2] The Department of Health Service's Licensing and Certification Division replaced the Medical/Surgical designation with "Unspecified General Acute"

[3] Step-down utilization (observation, telemetry, etc.) are to be reported as Medical/Surgical (Line 1)

[4] Physical (muscular/neurological) rehabilitation

[5] From Page 4, Line 4, Columns 1 and 3

[6] From Page 4, Line 4, Columns 2 and 4

**B.**  Complete the table below if you **provided** **C**hemical **D**ependency **R**ecovery **S**ervices (CDRS) **in your licensed General Acute Care Beds** (subtotaled on line 16 above).  Do not include data below if the service was provided in licensed CDR Hospital beds (reported on Line 18 above), nor if provided in licensed Acute Psychiatric beds (reported on Page 7).

### CDRS PROVIDED IN **LICENSED GENERAL ACUTE CARE** BEDS

| Line No. | CENSUS DECEMBER 31 (Column 1) | For Calendar Year | | STATE USE ONLY BEDS ON LICENSE (Column 4) |
|---|---|---|---|---|
| | | DISCHARGES (Column 2) | PATIENT DAYS (Column 3) | |
| 45 | | | | |

# CARDIAC SURGERY AND CARDIAC CATHETERIZATION SERVICES

COMPLETE THIS PAGE ONLY IF "CARDIOVASCULAR SURGERY SERVICES" OR "CARDIAC CATHETERIZATION LABORATORY ONLY" APPEAR ON YOUR HOSPITAL'S LICENSE DURING THE REPORTING YEAR.

```
State Use Only

3 _____
```

**CARDIAC SURGERY:** PLEASE REFER TO THE INSTRUCTIONS BEFORE COMPLETING.
Enter "0" if the answer is none or the question does not apply

**A.**   How many operating rooms on 12/31 were equipped to perform cardiac surgery with extracorporeal bypass? _____   10

**B.**   How many cardiac surgery operations with extracorporeal bypass were performed during the calendar year?

|  | Line No. | Cardiac Surgery with Extracorporeal Bypass |
|---|---|---|
| Pediatric | 11 | |
| Adult | 12 | |
| TOTAL | 13 | |

**CARDIAC CATHETERIZATIONS:** PLEASE REFER TO THE INSTRUCTIONS BEFORE COMPLETING.
Enter "0" if the answer is none or the question does not apply

**A.**   How many rooms in your hospital on 12/31 were equipped to perform Cardiac Catheterizations ................... 20_____

Report the utilization of these rooms below:

**TABLE B Cardiac Catheterization Laboratory Utilization**

|  | Line No. | PATIENT VISITS Cardiac Catheterizations Diagnostic (Col. 1) | Therapeutic (Col. 2) |
|---|---|---|---|
| Pediatric | 23 | | |
| Adult | 24 | | |
| TOTAL | 25 | | |

> **Note:   do not include any of the following as a catheterization**

Angiography
Automatic Implantable Cardiac Defibrillator (AICD)
Defibrillator (AICD)
Cardioversion
Intra-Aortic Balloon Pump
Percutaneous Transluminal (Balloon)
Angioplasty (PTA) (non-cardiac)
Pericardiocentesis
Temporary Pacemaker Implantation

**TABLE C  Distribution of Therapeutic Cardiac Catheterizations by Type**

| Type | Line No. | Number (Col. 1) |
|---|---|---|
| Permanent Pacemaker Implantation | 26 | |
| PTCA | 27 | |
| PTBV | 28 | |
| Thrombolytic Agents | 29 | |
| Other,Specify_____ | 30 | |
| TOTAL* | 31 | |

*must agree with entry in column 2 on line 25*

## BIRTH AND ABORTION DATA

**A.** Enter the number of the following events which occurred in your hospital during the calendar year.  If a particular event did not occur in your hospital, enter a "0".

| Line No. | EVENT | TOTAL OCCURRING IN HOSPITAL |
|---|---|---|
| 6 | Total Live Births (Count multiple births separately)[1] | * |
| 7 | • Live Births with Birth Weight Less Than 2500 grams (5lbs. 8 oz.) [2] | |
| 8 | • Live Births with Birth Weight Less Than 1500 grams (3lbs. 5 oz.) [2] | |
| 9 | Induced Abortions Inpatient[3] | |
| 10 | Induced Abortions Outpatient (ambulatory)[3] | |

*The number of births shown on this line should be approximately the same as the number of discharges shown on Page 8, Line 2, Col. 3.  Include LDR or LDRP births in table above.*

**B. Enter the number 1 (yes) if the hospital had an alternative setting**...................................................................... 11 _____
(i.e. an approved birthing program)

LDR[4]  LDRP[4]

If yes, your alternative setting was approved as (check correct alternative) ..................................................... 12 _____ _____
(Col. 1)  (Col. 2)

How many of the live births reported on line 6 occurred in your alternative setting?................................................ 13 _____
Do not include C-Section deliveries.

How many of the live births reported on line 6 were Cesarean Section deliveries?..................................................... 14 _____

[1] **LIVE BIRTH**

The complete expulsion or extraction from its mother, in a hospital, of a product of conception, irrespective of the duration of pregnancy, which after such separation, breathes or shows any other evidence of life such as beating of heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached; each product of such a birth is considered live born.  When more than one live product of conception is expelled (multiple birth), each one constitutes a separate live birth.  EXCLUDE live births occurring outside your hospital.

[2] **LIVE BIRTHS UNDER 2500 GRAMS; UNDER 1500 GRAMS**

Of the total live births, how many weighed less that 2500 grams (5 lbs., 8 oz.); of the births weighing less than 2500 grams, how many weighed less than 1500 grams (3 lbs., 5 oz.)?

[3] **INDUCED ABORTIONS**

Intentionally induced abortions (chemically or surgically), performed on an outpatient or inpatient basis, irrespective of gestational age.

[4] **LDR (Labor, Delivery and Recovery) and LDRP (Labor, Delivery, Recovery and Post-Partum)**

LDR is a program for low-risk mothers with stays of less than 24 hours, including equipment and supplies or uncomplicated deliveries in a home-like setting and that has been approved by the Division of Licensing and Certification, Department of Health Services (L&C).  LDR replaces ABC (Alternative Birthing Center).

LDRP is a program similar to LDR but is not limited to low-risk deliveries and the stays are usually for more than one day.  LDRP also is L&C approved.

**C.** Enter the number of newborn nursery days ...................................................................................................... 15 _____

# SURGICAL SERVICES

**A.** In the table below, enter the numbers requested.  If an item does not apply or the answer is "none" enter a "0".

**TABLE A – SURGICAL SERVICES**

|  | Line No. | FOR CALENDAR YEAR | |
|---|---|---|---|
|  |  | Number of Surgical Operations (Col. 1) | Operating Room (Anesthesia) Minutes (Col. 2) |
| Inpatient | 1 | | |
| Outpatient | 2 | | |

- **Surgical Operations** -- A surgical operation is one patient using a surgery room.  Therefore, a surgery involving multiple procedures (even multiple, unrelated surgeries) performed during one scheduling is to be counted as one surgical operation.  This definition of a surgical operation could also be termed a "patient scheduling."

- **Operating Room Minutes** -- The difference, in minutes, between the beginning of administration of GENERAL anesthesia, and the end of administration of GENERAL anesthesia. If general anesthesia is not administered, Operating Room Minutes are the number of minutes between the beginning and ending of surgery.

  The only exception: if the general anesthesia continues after the patient leaves the operating room, then ending time occurs when the patient leaves the operating room.

**B.** Enter the number 1 if during the reporting year, you had an organized ambulatory surgical program, i.e., did you have written policies, procedures, and quality of care standards specific to outpatient surgery patients? .........5 _____

**C.** *On December 31*, what was the number of surgical operating rooms in your surgical suites(s)? (Include special procedure rooms, i.e., cystoscopy rooms, cardiovascular surgery rooms, and other rooms in which surgeries were performed) ................................................................................................................... 10_____

**D.** Of the total operating rooms specified in Item C, how many, during the calendar year were used:

Exclusively for outpatient surgery? ................................................................................................................... 11_____

For both inpatient and outpatient surgery? ...................................................................................................... 12_____

Exclusively for inpatient surgery? ................................................................................................................... 13_____

# RADIATION THERAPY SERVICE
## (Megavoltage Machines Only)

**A.** If Radiation Therapy Services appear on your hospital's license, do you provide the service? (1-Yes, 2-No).. State Use Only

If Yes, please complete Section B.

| | |
|---|---|
| State Use Only | |
| 2 ___ | |

**B.** In the table below, complete one line for each megavoltage machine in your Radiation Therapy Service.

**Col. 3 Those days the machine was available for use including weekends, holidays, etc. Include only days the machine could have been used: do not include down time.**

**Col. 4 "Treatment Visits" means a patient visit during which radiation therapy was performed.**

**TABLE B – MEGAVOLTAGE MACHINES**

| Line No. | Machine Number | TYPE OF MACHINE<br>1=Linear Accelerator 12MeV & Under<br>2=Linear Accelerator Over 12 MeV<br>3=Cobalt 60<br>4=Betatron<br>5=Van de Graff<br><br>Col. 1 | Year Operational In Hospital<br><br>Col. 2 | Total Machine Days Used<br><br>Col. 3 | Number of Treatment Visits<br><br>Col. 4 | FOR LINEAR ACCELERATORS Maximum Voltage (MeV) in: Photon Mode<br><br>Col. 5 | Electron Mode<br><br>Col. 6 |
|---|---|---|---|---|---|---|---|
| 10 | 1 | | | | | | |
| 11 | 2 | | | | | | |
| 12 | 3 | | | | | | |
| 13 | 4 | | | | | | |
| 14 | 5 | | | | | | |

# EMERGENCY MEDICAL SERVICES

**A.** *On December 31*, what was the number of emergency medical patient treatment stations available? (A treatment station is a specific place within the emergency department adequate to treat one patient at a time. Do not count holding or observation beds) ........................................................................................................................................26_____

**B.** What was the total number of patient visits to the EMS during the calendar year? ................................................28_____
DO NOT INCLUDE employee physicals and other scheduled visits.

**C.** What was the number of NON-URGENT EMS* visits during the calendar year? ................................................29 _____

**D.** What was the number of URGENT EMS* visits during the calendar year? ............................................................30_____

**E.** What was the number of CRITICAL EMS* visits during the calendar year? ........................................................31_____

**F.** What was the number of EMS visits that resulted in hospital admissions? ............................................................32_____

*(*See definitions in Instructions)*